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ABSTRACT

This curriculum guide consists of materials for use in planning and delivering junior high school homemaking courses focusing on individual and family health. Discussed first are program and curriculum planning. The next chapter focuses on the special needs of handicapped and disadvantaged learners and details strategies for addressing these needs. The next five chapters contain materials for use in presenting a series of homemaking courses addressing such topics as personal health and safety, prevention of illness, jobs and career opportunities related to family and individual health, decisions related to matters of family health, home care for elderly or handicapped family members, health care for terminally ill individuals, health protection, care of mothers and infants, and home health emergencies. Each of these chapters lists competencies and corresponding subcompetencies needed by homemakers in each of several areas, and under each competency group, course content is provided in the form of "learning and evaluation experiences" each designed to clarify a particular "concept" which in turn relates back to the principal competency. Also included in the guide are an extensive assortment of teaching aids, a reference list, and a list of publishers. (MN)

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FAMILY/INDIVIDUAL HEALTH GUIDE

Family/Individual Health is one of eight subject area guides developed for use in consumer and homemaking education in Texas. Additional guides are available in the areas of Child Development; Clothing and Textiles; Consumer Education (Semester Course); Family Living and Parenthood; Food and Nutrition; Home Management and Consumer Education; and Housing, Home Furnishings, and Equipment.

Contents of the Guide

Each subject area guide is correlated closely with the *Instructional Framework: Essential Elements and Basic Competencies for Vocational Home Economics in Texas*. Content for each subject area is based on the competencies needed by homemakers. Sub-competencies are identified for each competency. Content is developed through learning and evaluation experiences.

Each guide has colored dividers to indicate 7th and 8th Grade (Exploratory) Homemaking, Homemaking I, II, III, a Semester Course, and Teaching Aids and References as follows:

Exploratory Homemaking – yellow
Homemaking I – orange
Homemaking II – green
Homemaking III – pink
Semester Course – blue
Teaching Aids and References – tan

Competencies and corresponding *sub-competencies* are listed at the beginning of each section. Competencies include the knowledge, skills, affective behavior and/or judgment needed by homemakers. Sub-competencies are the measurable behaviors expected to result from the completion of the learning and evaluation experiences. *Concepts* related to the competencies are outlined in the left columns. *Learning and evaluation experiences* to develop the competencies are listed in the right columns. Teaching Aids keyed to learning and evaluation experiences are located at the end of the guide. The *reference list* of books and sources of teaching aids will assist the teacher in developing a reference library.

How to Use the Guide

The subject area guides are designed to aid the teacher in identifying the concerns of seventh to twelfth grade students and the concepts appropriate for each grade level. The guides are not designed for use as a specific curriculum in any particular community or situation. Teachers will need to use their own judgment, initiative, imagination, and creativity in working cooperatively with students, parents, the school, and the community to develop an effective consumer and homemaking education program. The subject area guides are intended to guide, not dictate, the content of consumer and homemaking education courses.

Teachers should not expect to use all the suggested experiences in one class. Teachers may adapt, supplement, and expand the suggestions in view of the specific needs, interests, abilities, backgrounds, and levels of maturity of students. The variety of experiences included should enable teachers to select and use those teaching-learning experiences that will help their students reach the objectives the teacher feels are important. Many experiences can easily be adapted for use in FHA/HERO, home or extended experiences, or adult education.

Schools which do not offer all of the sequence courses outlined in this guide should consider combining content of different levels to meet local needs. Teachers and advisory council members should review the suggested course content for each sequence level and the competency needs of students enrolling in the courses offered. Competencies to be developed in each course should be selected by students' needs and backgrounds. This may involve including basic concepts covered in 7th and 8th Grade Homemaking in Homemaking I, or adding more advanced concepts from Homemaking III to Homemaking II. The subject area guide should be a valuable aid in local program planning and curriculum planning whatever the situation may be.

Program Planning

Effective program planning for consumer and homemaking education in the local community involves: (1) understanding the community, (2) understanding human growth and development, and (3) planning cooperatively.

Understanding the Community. Planning and carrying out an effective consumer and homemaking education program requires that the teacher understand the community in which students and their families live. A study of social, economic, and cultural conditions in the community will contribute to this understanding. Such a study involves determining the representative types of home and family backgrounds; and appraising community attitudes, prejudices, values, industries, practices, resources, influences, and power structures. Because patterns of home and community life largely determine the needs and interests of individuals, knowledge of the community can focus on the problems of everyday life for the student, and can serve as a basis for curriculum planning.

Understanding Human Growth and Development. The development of the individual from birth throughout life is characterized by the accomplishment of certain tasks at each stage of development. Understanding these tasks and the characteristics related to them is an important part of program planning in consumer and homemaking education. Knowledge of developmental tasks has several implications for the teacher. The tasks indicate types of problems for which students must seek solutions. The teacher must realize that individuals of the same chronological age are not necessarily in the same stage of development. Because tasks arise at or about a given time in the student's life, however, the teacher should be able to anticipate the teachable moment and to provide learning experiences which will meet the needs, interests, and abilities of students.

Cooperative Planning. Planning the consumer and homemaking education program cooperatively with students, parents, teachers, administrators, and others in the community has been shown to result in more effective learning and a better curriculum than would be possible in a program designed by the teacher alone. Students, parents, and community members may be involved through questionnaires, planning groups, and advisory councils. Professionally trained persons, including the school principal, other homemaking teachers, teachers in other subject areas, guidance personnel, and local and area supervisors also provide essential contributions. When preliminary plans have been developed, the teacher will want to discuss program planning with students to provide greater insight into their needs and interests.

Curriculum Planning

Curriculum planning is facilitated by identifying expectations for the students in the form of competencies and sub-competencies. What should the student know and be able to do at the completion of study? Concepts to be studied can be identified once the competencies and sub-competencies are known. The student then gains knowledge through the completion of appropriate learning and evaluation experiences. The competencies, sub-competencies, and concepts included in this book are only a guide. A careful evaluation of your particular teaching situation and student needs will be the first step in good curriculum planning.

Learning experiences in consumer and homemaking education may be provided through the classroom, home, community, and Future Homemakers of America/Home Economics Related Occupations (FHA/HERO). Students' interests are more easily sustained if a variety of experiences are provided for learning by seeing, hearing, feeling, and doing. The learning experiences suggested in this guide provide a variety of choices related to the concepts. They are designed to help students achieve the terminal performance objectives and the competencies identified. The teacher can select learning and evaluation experiences from those suggestions, or develop alternatives. The creative instructor will select, adapt, or add experiences to enable students to achieve the competencies.

Evaluation determines the extent to which students have reached the objectives and achieved the competencies designated for each course. Such evaluation is a complex task. Effective evaluation is a continuous process which involves determining behavioral objectives, collecting evidence of behavioral changes, interpreting the evidence collected, and using the evidence to improve the curriculum. The innovative teacher will rely upon a variety of methods in all domains of learning for student assessment.

Methods of evaluation include paper-and-pencil tests, oral tests, performance tests, check sheets and inventories, score cards, rating scales, behavior records, and observations.

A variety of teaching aids are needed for effective teaching. Such aids include transparency masters, audiovisuals, bulletin boards, games, resource kits, etc. The more approaches a teacher uses, the greater the chances all types of students will learn successfully.

Suggested Reading

Ahmann, J. Stanley, and Glock, Marrin D. *Evaluating Pupil Growth.* 5th ed. Boston: Allyn and Bacon, Inc., 1975.

Chamberlain, Valerie M., and Kelly, Joan. *Creative Home Economics Instruction.* New York: Webster Division, McGraw-Hill Book Company, 1975.

Cross, Aleene. *Home Economics Evaluation.* Columbus, Ohio: Charles G. Merrill Publishing Company, 1973.

Cross, Aleene A., ed. *Vocational Instruction.* Arlington, Virginia: The American Vocational Association, Inc., 1979.

Finch, Curtis R., and Crunkilton, John R. *Curriculum Development in Vocational and Technical Education: Planning, Content, and Implementation.* Boston: Allyn and Bacon, Inc., 1979.

TEACHING HANDICAPPED AND DISADVANTAGED STUDENTS

During the 1970's a dramatic civil rights movement for the handicapped and disadvantaged developed. In 1976, the Vocational Education Amendments placed greater emphasis than ever before on ensuring the right of persons with special needs to a free and equal education. The amendments require that a portion of the basic state grant funds be used for the handicapped and disadvantaged. These set-asides are intended to provide the additional educational services which handicapped and disadvantaged students may require. These students are often referred to as "learners with special needs."

The phrase "learners with special needs" is used to describe students with different, unique, exceptional, or highly individualized wants or demands that must be satisfied for them to succeed. The phrase points out the necessity for finding a personal solution to each student's learning problems. Any student who has not been making normal progress and who appears to be heading for failure in school may be identified as a learner with special needs. Thus, special needs is an umbrella term used to describe all handicapped and disadvantaged students.

Specific legislation providing for their educational rights includes Section 504 of the Rehabilitation Act of 1973, signed in 1976, which established a mandate to end discrimination of the handicapped and to get them in the *mainstream* of American life. In the same year, Congress passed the Education of Handicapped Children Act. Together, these set forth a comprehensive scheme of federal civil rights legislation for handicapped persons.

The provisions of this legislation make it mandatory that vocational education provide a free and appropriate education to handicapped students in the "least restrictive environment." This term is interpreted in regulations stating that "each agency shall insure. . .to the maximun extent appropriate, that handicapped children. . .are educated with children who are not handicapped." Further, handicapped students are to be ensured an equal opportunity to participate in and benefit from programs and activities receiving federal assistance. In sum, the civil rights legislation affords handicapped students the same right to vocational education as nonhandicapped students.

Mainstreaming is a term which refers to the enrollment of identified special needs students in regular classes. Mainstreamed students are placed in the regular classroom with the provision of special education support services. The term is used to describe the process of equipping handicapped students for entry into the "mainstream" of society, as mandated in Public Law 94-142. The term also applies to the placement of disadvantaged students in regular classes.

Who Are the Handicapped?

A national profile by handicapping condition of students in vocational education mirrors the profile of handicapped students in special education. According to the Vocational Education Civil Rights Survey, slightly more than 36 percent of the handicapped persons enrolled in vocational education are mentally retarded, and 37 percent have a specific learning disability. The remaining 27 percent are identified by one of nine other handicapping condition. Of these, seven percent are seriously emotionally disturbed, two percent are orthopedically impaired, three percent are visually handicapped, and four percent are deaf or hard of hearing. Of the remaining group, ten percent is listed as "other health impaired," and five percent are multi-handicapped. (See Table 1.)

TABLE 1

HANDICAPPED POPULATION SERVED IN VOCATIONAL EDUCATION AND SPECIAL EDUCATION, BY HANDICAP[1]

	Percent of Handicapped Population Served in Special Education[2]	Percent of Handicapped Population Served in Vocational Education[3]
Mentally Retarded	21.8	36.5
Hard of Hearing	1.0	2.6
Deaf	1.0	0.9
Speech Impaired	29.4	2.7
Visually Handicapped	0.8	2.5
Emotionally Disturbed	8.2	7.3
Orthopedically Impaired	1.6	2.4
Learning Disabled	31.7	36.8
Deaf-Blind	0.0	0.2
Multi-Handicapped	1.5	4.6
Other Health Impaired	2.6	9.9

[1]Charlotte A. Conaway. "Vocational Education Serves the Handicapped" *VocEd*, (April 1981), p.3.

[2]National Summary "State Agency Reports of Handicapped Children Receiving Special Education and Related Services," 1979-1980.

[3]Based on data from Vocational Education Civil Rights Survey-1980, Comprehensive High Schools and Area Vocational Centers (preliminary unedited survey data).

Mentally Retarded Students

Mentally retarded students function below average in the areas of intellectual, physical, and emotional development. Mentally retarded persons are capable of learning homemaking skills. However, as homemakers they will not have the constant supervision often given on the job. They must learn to make their own decisions and care for their own families as well as themselves if they are to live independently.

Characteristics of mentally handicapped students are listed below. The student:

- –may be of average physical size, but be uncoordinated and awkward
- –may have multiple handicaps
- –may perform poorly on intelligence tests, but may be "street-wise"
- –may function poorly in school and present behavior problems
- –may have short attention span, lack of concentration, learn at a slower rate, and have a lower capacity for learning
- –may be easily frustrated due to repeated failures
- –may have a lower resistance to disease and infection
- –may possess handicapping conditions varying from mild to severe or profound
- –can handle concrete learning more effectively than abstract
- –can learn to do skilled and unskilled work
- –can be employable.[4]

Emotionally Handicapped Students

The emotionally handicapped student's behavior may be unacceptable for the student's age level. The behavior may interfere with the student's own growth and development as well as with the well being of others. Some emotionally handicapped students' growth and development is affected by their withdrawal from the environment. Other students cause disruptions around them by constant conflict.

Characteristics of emotionally handicapped students are listed below. The student:

- –may not handle stress well
- –may demonstrate explosive behavior
- –may have a negative self-image and exhibit hostility
- –may have a short attention span and be difficult to motivate
- –may use demonstrative behavior (kick chairs, slam doors, use obscene language) or be extremely quiet and withdrawn
- –may be easily frustrated due to many years of failure
- –may need positive reinforcement
- –may function more effectively in a structured but flexible environment.[5]

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[4] Gloria E. Durr. and Camille G. Bell. *Mainstreaming Strategies in Home Economics.* (Lubbock, Texas: Home Economics Instructional Materials Center, Texas Tech University, 1980), pp. 6-7.

[5] Ibid., p. 7.

Learning Disabled Students

Students with learning disabilities are achieving less than their potential. They are normal in most respects, but have definite disabilities in one or more areas of development. Often their disabilities involve comprehension or the use of language. As a result, these students may exhibit difficulties in spelling, writing, and calculating.

Characteristics of learning disabled students are listed below. The student:

- –may be behind in grade classification and reading ability
- –may appear to be highly active, impulsive, restless
- –may be uninhibited in speech and disorganized in thoughts and actions
- –may exhibit frequent and sudden changes from explosive to docile behavior
- –may display distracting or disruptive behavior to gain attention
- –may have short attention span and be difficult to motivate.[6]

Deaf and Hard-of-Hearing Students

Because hearing loss is not as obvious as other disabilities, it is sometimes referred to as the "hidden handicap." Even a mild hearing loss interferes with learning and communication. Because it is not obvious, the symptoms of a mild hearing loss are easily misinterpreted as behavior problems. Students with mild to moderate hearing loss need to be encouraged to use residual hearing.

Students whose hearing is so impaired that they have problems understanding auditory information with or without a hearing aid or device are considered deaf. Without the ability to receive auditory communication deaf persons must rely upon their eyes for signals which represent ideas. The greater the hearing loss, the more the individual must depend on visual cues. Students with hearing losses might rely on an alternate communication systems, such as lip reading, sign language, or written language.

Speech Impaired Students

Speech problems may include articulation problems, stuttering, impaired hearing, cleft palate, cerebral palsy, or voice. Some speech disorders, such as stuttering, occur in isolation. Other speech disorders are associated with handicaps such as deafness, mental retardation, or cerebral palsy. Speech is generally considered impaired when it "deviates so far from the speech of others that it calls attention to itself, interferes with communication, or causes the individual to be self-conscious and maladjusted."[7]

Deaf persons experience varying degrees of speech impariment, but they can learn to talk. However, speech and language skills are difficult for deaf persons to develop. Early treatment and special training can enable persons with severe hearing impairments to learn sufficient language skills to communicate.

Speech is the communication tool most used in relating to others. For this reason, a speech handicap can be a social handicap. If others respond unfavorably to a speech handicap, the student may be inhibited or withdrawn into a world of silence. The result may be impaired social development and a poor self-image.

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[6]Ibid., p. 8.
[7]Ibid., p. 22.

Blind and Visually Impaired Students

The visually impaired student may have a vision loss ranging from slight impairment to complete loss of sight. The extent of the individual's handicap is influenced by the age of onset of visual loss, degree of loss, and cause of impairment.

Persons are considered *visually handicapped* if they see no better from 20 feet what persons with normal vision see from 70 feet. The visually handicapped required special aids or devices to read standard printed material. A person is designated legally blind when with the best correction, the person can see less from 20 feet than a person with normal vision can see from 200 feet, or when the field of vision is limited to a narrow angle of less than 20 degrees. Most blind students have some useable vision, but have problems such as cloudy, blurred, or double vision; spots; loss of side vision; or loss of central vision.

The social skills of a visually impaired student are often affected by the restricted ability to get around in the environment. In addition, emotional problems may develop as a result of negative attitudes of others.

Physically Handicapped Students

The physically handicapped student has some degree of health or physical impairment that limits actions or mobility. Physically handicapped students have a special condition which may be caused by disease, may have existed at birth, or may be the result of amputation. The range of physical disabilities includes orthopedic impairments, neurological impairments, and other health impairments. Orthopedic impairments include paraplegia, quadriplegia, and amputations. Students may be missing limbs or portions of limbs which restrict mobility. Crutches, wheelchairs, and other essential equipment call attention to these disabilities for many orthopedically handicapped students. These students often encounter public reactions such as embarrassment, staring, or avoidance.

Neurological impairments include cerebral palsy and epilepsy. Other health impairments range from diabetes and nephrosis to osteomyelitis. These physical impairments vary by the degree of the handicap, the stability of the condition, and the length of time the individual has had the condition.

Physically handicapped persons are very conscious of their movement restrictions. Their frustration may be expressed in inappropriate social behavior. Such frustration may cause the individual to become verbally aggressive, blame other people, repress desires, withdraw into fantasy, degrade the original goal, act less mature, and compensate for the disability by shifting to different interests. These possibilities emphasize the impact the reactions of family, peers, and the public, as well as the student's own perception of the handicap, have on the student's progress, attitude, and success.

Health Impaired Students

Students with severe or chronic health problems, such as epilepsy, cerebral palsy, amputation, hemophilia, spina bifida, cystic fibrosis or diabetes, are classified as *health impaired*. Many of these students have trouble keeping their bodies functioning normally.

The extent of health impairment can vary greatly. Mild conditions may not be readily apparent. Moderate conditions may be very evident to the teacher. Students born with a health impairment are more likely to have made satisfactory adjustments to it. More recently handicapped students usually have a more normally developed set of experiences and abilities. Researching the student's potential is vital to understanding the student's capabilities.

Multi-Handicapped Students

A multi-handicapped student has a combination of two or more handicaps. Knowledge of each handicapping condition is essential in working with the student. Observation and study are necessary to understand the extent of the student's abilities and limitations.

Teaching Strategies for Handicapped Learners

Making the transition from school to adulthood is a giant step for most young men and women, but especially for those who are handicapped or disadvantaged. Consumer and homemaking education has a major role in teaching handicapped and disadvantaged youth homemaking skills which will help them take that giant step. The teaching strategies suggested here have been synthesized from literature on teaching the handicapped and disadvantaged student.

In order to live independently, they need the same homemaking skills as other students. Consumer and homemaking education teachers face the challenge of teaching handicapped and disadvantaged persons effectively, of providing adequate support services, of expecting an equal level of skill acquisition by all students, and of ensuring that skills taught are adapted for each special needs student's most efficient learning.

Home economics teachers need to recognize that many of their special needs students have not spontaneously picked up the homemaking skills their other students have picked up at home. Therefore, the teacher's impact on these students can be potentially greater and far more important than the impact on the normal individuals. The homemaking teacher's impact on normal individuals may be the difference between being an average homemaker or a good homemaker. With special needs students, the difference may be between being able to live independently and being partially or totally dependent on others. Teachers also need to recognize that most special needs individuals in their classes are capable of learning anything taught in those classes. But how they learn and how long it takes to learn are quite varied.

Henry Viscardi at the White House Conference for Handicapped Individuals in 1977 said that the most difficult barriers for handicapped people are "not narrow doors and rigid curbs, but narrow minds and rigid stereotypes." The same is true of the disadvantaged. When mainstreamed students are enrolled in classes, teachers must reconstruct their mind-sets so that psychological barriers can disappear.

Often the teacher's first exposure to special needs students is the day such a student enters the classroom. This lack of experience often causes teachers to feel uncomfortable and unprepared. The teacher must first accept the reality of the handicap before being able to see all the things the student is capable of as a person. This initial attitude of acceptance is crucial and is one of the important variables for the success of the special needs student.

Next the teacher must make an effort to learn about some of the aspects and the nature of the student's handicaps or disadvantages. The teacher can become knowledgable about specific needs and problems through access to the student's file and through communication with the special education teacher, the counselor, and the student. Only if the teacher feels confident in knowledge of the student's needs can the teacher be successful.

Lesson Planning

The first step in lesson planning is to identify the basic content and skills which are the same for *all* students. The teacher who has clearly identified what is to be learned, why it is to be learned, and ways and means to measure whether it has been learned, can focus greater attention on how it can be learned. By varying teaching styles and individualizing learning activities, the home economics teacher can provide for all students without labeling special needs students and making them conspicious within the group.

To be successful in teaching special needs students, the methods must be individualized. Planning activities with special needs in mind is essential. The very nature and variety of handicapping conditions indicates that there is no one method or technique that will always fit a certain handicap or that will fit all handicaps. Persons with the same handicap or disadvantage will vary in their response to it. Thus, each unit of instruction must be "tailor-made" for each special needs student in the class.

One solution to the challenges posed by a class of students with varying abilities is to group students by ability level for some activities. This allows the teacher to plan activities which fit the learning styles and needs of each group. It gives the average student a chance to cover more content and to work toward higher levels of learning. It also gives other students, such as the educationally disadvantaged or the mentally retarded, an opportunity for more teacher-student contact, extra time to cover content, and a chance for repetition and drill if needed. Class time can be divided into

1) large group discussion and teacher-directed activities, and/or
2) small group activities specially designed to meet each group's needs.

Small group activities could be designed to suit the audio learner, the visual learner, and the kinesthetic learner. Objectives and evaluation methods may be the same or different, but time spent in groups can be the same. The teacher can rotate among groups, or spend time directing the activities of one or more groups.

Some teachers make effective use of learning centers. Use of varied teaching methods and materials provides students with opportunities to grow at their own levels of conceptual development. This contributes to their sense of achievement. Peer tutoring works well in learning centers. Through participation in the activities of the center, special needs students have opportunities to interact with their peers and to experience success. Through tutoring they may experience a one-to-one learning situation which can be of value to the tutor as well as to the special needs student.

Special needs students should be evaluated, when possible, by methods that require a minimum of reading and writing. Students with learning difficulties can be asked to explain or to demonstrate in some way the concepts they have learned.

To evaluate fairly *all* students in the class, the following procedure is useful:

1) Determine the objectives to be achieved.
2) Determine entry-level behaviors by pre-test or other means.
3) Monitor and record progress toward achievement of objectives.
4) Measure achievement of objectives.
5) Translate progress toward achievement of objectives into the school's marking system.

Grading students in reference to a criterion reduces the frustration students feel when they are compared with each other.

1) Establish reasonable rules for the conduct of all students and be consistent in your expectations for student behavior.

2) Avoid being overprotective or overcompensating toward handicapped students by encouraging all students to be independent.

3) Provide handicapped students with space and time needed to complete tasks and avoid completing tasks yourself or allowing other students to complete them.

4) When appropriate, help students to learn to manage time and develop compensatory techniques to increase speed and ability and to help them keep pace with classmates.

Strategies for Mentally Handicapped Students

When teaching a skill to the mentally retarded, keep the following points in mind:

1) Break the skill down into simple sequential steps that can be repeated until the whole skill is learned.
2) Provide stimuli in a number of ways, through learning, seeing, and touching, all of which reinforce learning.
3) If a poor memory slows learning, review instructions frequently.

Since constant reinforcement is essential for mentally retarded students, demonstration is an excellent teaching technique. But demonstrations may need to be repeated several times. Establishing a set routine for activities, like preparation and cleanup in foods lab, helps retarded students learn what is expected of them.

Because mentally retarded students have short attention spans, lessons should be short and concise. When work is assigned, the amount should be limited. Before beginning a learning experience, review the previous information and materials on which it is based. Lessons should be planned so that repetition of tasks is possible. In presenting information on giving directions, use as few words as possible and only those that are familiar to the mentally retarded student.

Strategies for Learning Disabled Students

The learning disabled student is not mentally retarded, but uneven in development. The student's weaker areas can be evened out with step-by-step, structured teaching. Such teaching uses more than one sense–tactile, visual, kinesthetic and auditory techniques. This method of learning from all angles is effective for most students, but especially for learning disabled students.

Adaptations for learning disabled students must be designed to fit each student's learning style. Learning disabled students need extra help with such concepts as spatial orientation, reading, listening, writing, speaking, instructions, motor tasks, and tactile discrimination. Most learning activities can be designed to allow for these.

Social awareness of learning disabled students is often affected by their comprehension and perception problems. These problems often cause these students to fail to sense things that others would notice right away. Perceptual problems may result in incomplete information about others, such as failure to correctly interpret body language. The student may talk too much or laugh too loudly. The student may be unaware of irritating personal habits such as squirminess or excessive movement. The student may have a poor self-image but have no idea why others display dislike. Because the student does not catch on to jokes, he or she may become the butt of ridicule. On the other hand, the student may see something as amusing because the learning disability emphasizes the double meanings of some words. As activities are provided in a way that enables the learning disabled student to meet with success, some of these problems will fade into the background.

Strategies for Physically Handicapped Students

Various accommodations may be needed to make consumer and homemaking education classes accessible to physically handicapped students. Individual teachers can do a great deal to make their classes more accessible to physically handicapped students.

An *accommodation* (also called an adaptation) is a modification of a work place or the work itself which enables a physically handicapped student to perform. An accommodation can be as simple as wrapping a strip of foam around a pencil so that it is easier to grasp, or as complex as using an electronic arm to reach objects. The best solution to a student's individual problem is often the result of the teacher's and/or student's ingenuity.

By looking first for the simplest, most natural solution, simple, inexpensive accommodations are often found. Creative, step-by-step approaches to problem-solving yields solutions which are readily available, cost-effective, flexible, and attractive. However, solutions should be re-evaluated periodically to be sure they continue to meet the student's needs.

Changes in placement of furniture and materials or controls are often helpful for handicapped students. Modifications can mean changes in classroom and laboratory facilities, designing flexible work areas, or purchasing standard equipment with a view to special needs and adaptations. Some of these changes may be as simple as raising a work table so that a wheelchair can fit under it. Storage drawers and shelves can be labeled with Braille. Kitchen tools can be labeled by letter rather than color, so that a color-blind student can return tools to the correct storage area. When equipment is ordered for a new foods lab, a range which has burner and oven controls at the front will permit a student in a wheelchair to reach them.

Standard tools can be modified or assistive devices provided. Assistive devices use the principles of simple machines (lever, wheel, inclined plane) or mechanical power to aid or replace physical function. These devices can often be made from scrap materials or by using common equipment in new ways. Sometimes they can be borrowed from libraries, universities, or community health agencies. Assistive devices can also be purchased from rehabilitation supply catalogs. Some sales catalogs which do not specialize in rehabilitation contain gadgets useful to handicapped students.

Examples of these include a braille label maker, which can be used with a visually handicapped student to label containers; an elbow-length oven mitt to protect the arm of a student who does not sense heat; and a C-clamp which holds fabric to the table while the student who uses only one hand measures and cuts it. Complex devices such as splints, hearing aids, and vision aids must be fitted by qualified professionals. Training in their use may be necessary.

Different movements can often be used to perform a task which the handicapped student cannot do in the usual way. Special education consultants may suggest that one body part or sense can be substituted for another. The student may have good ideas for approaching usual tasks in more individual ways. For instance, if one hand is weak, the student may be able to hold a bowl between his or her knees while mixing with a spoon. The student with a vision problem may be able to tell the difference between similar substances like salt and sugar by smell or taste. A sewing machine foot pedal can be placed on the table and operated with the elbow if needed.

Sometimes the best approach is to restructure the job for a handicapped student, much as rehabilitation counselors do in employment situations. Making an accommodation in job structure or design usually involves changing work schedules or job descriptions. For example, the student might need to send laundry out instead of doing it at home, to learn simple ways to garnish a purchased cake to save energy, or to select self-help clothes for a child.

Whatever the solutions, the teacher needs to observe carefully and consistently to make sure that the student's needs are reflected.

Who Are the Disadvantaged?

The terms *disadvantaged, special needs,* and *special populations* are used interchangeably to refer to minority groups such as Blacks, Asian Americans, American Indians, and Hispanics, especially those at poverty or low-income levels. All culturaliy different minorities are not disadvantaged. Some members of the majority culture are disadvantaged. However, cultural minorities have often been denied advantages enjoyed by the majority culture in the United States. The 1968 Vocational Education Amendments define the disadvantaged as "persons who have academic, socioeconomic, or other handicaps that prevent them from succeeding in the regular vocational program." Their education requires more extensive services. Without these services, disadvantaged students may become dropouts. The 1976 Amendments attacked this problem by setting aside a portion of federal vocational funds to pay for the extra costs of moving disadvantaged students into the mainstream of vocational education. In 1978, according to USDE figures, vocational education served approximately two million disadvantaged students. Consumer and Homemaking Education teachers are in a unique position to help these students prepare for life in the larger society, while developing respect for the unique cultural differences represented in the classroom.

Characteristics of Disadvantaged Students

Characteristics of disadvantaged students are listed below. The student:

- may be a poor achiever
- may live in a low-income family
- may lack language skills because of poor language development and inability to speak standard English
- may read at the fourth to sixth grade level
- may have an acquired dislike of school
- may pose discipline and attendance problems
- may have a poor self-concept
- may lack social skills for group participation
- may tend to be aggressive
- may have values and attitudes which are representative of a particular culture and of lower socioeconomic group

–may fear failure because of previous experiences in school
–may be slow in the performance of intellectual tasks
–may have poor work habits
–may tend to give up on tasks which provide no immediate sense of accomplishment
–may have a short attention span.

In summary, disadvantaged students suffer from rejection in society as well as in school. They often believe that the dominant group is responsible for their past and present segregation, limitations, and restrictions. They are aware and resentful that society has not offered them equal opportunities. They know that there has been serious interference with the exercise of the human and civil rights to which they are entitled. The consumer and homemaking education teacher must recognize the reality of these experiences and make every effort to assure that the students are welcome in the program and that everything possible is being done to make sure they learn.

Challenges to Teachers of the Disadvantaged

One of the greatest challenges facing the teacher of minority students is one of developing a positive and supportive attitude. Attitude is extremely important because it determines how the teacher treats the students. The teacher's treatment affects the student's attitudes toward school and ultimately the student's performance and success. Negative attitudes often stem from false stereotypes. Such stereotypes may result from often repeated generalizations about a cultural group and be supported by stereotypic stories and jokes. As a result of negative attitudes the teacher may convey to the student feelings that the student cannot succeed. Accordingly, the student fails. If, however, the teacher becomes familiar with cultural backgrounds and accepts students as individuals, the old stereotypes will seem less and less appropriate and the teacher's attitudes will become more and more positive.

Negative attitudes toward minority students are to a large extent the result of lack of knowledge about their cultures. Much emphasis has been placed on the problems these students have. However, teachers need to be aware that these students have strengths as well. These strengths often include acceptance of responsibility at an early age, ability to learn through concrete experiences, adherence to family and group rather than individual values, and good physical coordination and visual orientation.

Teachers are often apprehensive about teaching minority students. They may associate these students with a lack of success and unpleasant experiences. They may have been unsuccessful in previous attempts to teach minority students. They may feel unable to deal with problems often associated with minority students such as poor health, drug and alcohol problems, and poor housing and home conditions. To alleviate these fears the teacher should learn about the support services available in the school and community which can assist in dealing with these problems.

Teachers often feel uncomfortable communicating with minority students because they are not familiar with the students' language. When the language is a foreign one, the teacher can improve communications with students by learning the language. When the barrier to communication is nonstandard English, the teacher may have to learn from the students. Ability to communicate with students is extremely important since language plays such an important role in the student's life. If the student's language is rejected, the student may feel rejected and become less able to learn.

Another cause of difficulties in working with minority students is low expectations. Research shows that student learning is positively correlated with teacher expectations. However, it is not unusual for teachers to expect less of minority students than they do of other students.

Social, cultural, and economic deprivation affect learning. Deficiencies in language and reading skills are especially evident among the disadvantaged. In addition, disadvantaged students may not have been exposed to many concepts which are familiar to other students. For example, table setting might be very familiar to the middle-class student, but to students living in families without enough pieces of flatware to go around, it may be quite unfamiliar. In addition, factors that motivate the disadvantaged to learn may differ radically from those that motivate the middle-class person. Middle-class students may be motivated by grades, a diploma, or learning for the sake of learning; disadvantaged learners may need something more tangible and immediate to motivate them to learn, such as being able to see how they can use the information *now*. Bilingual teaching may facilitate learning for some students.

All students have a need to be successful. Failure deprives them of the satisfaction of that need. Some students who fail fight back aggressively. Others withdraw, stop trying, and become non-learners. Some get physically sick. Many drop out. To prevent these outcomes, the teacher must provide opportunities for success. The student then needs praise. Success on a small scale and praise will motivate the student to greater success in the future.

Suggested instructional strategies are as follows:

1. Reflect the cultural backgrounds of students in the classroom. Provide role models with which ethnic minorities can identify. Select textbooks and teaching aids which are multicultural. Invite guest speakers from the minorities represented in the class. Use pictures of persons from various cultural backgrounds on bulletin boards. Include ethnic foods, clothing, family patterns, child rearing practices, architectural styles, consumer problems, etc. in planning instruction.
2. Use instructional materials and methods which promote cultural understanding. If materials available do not promote cultural understanding, seek supplementary materials which do.
3. Help disadvantaged students learn by simplifying difficult tasks and presenting them in ways that will make them easier to grasp.
4. Adjust your teaching style to fit the learning styles of your students. Make sure also that the material taught is relevant to the student's life and needs. The teacher must understand the community and the disadvantaged within it. Relate instruction to the student's direct experience whenever possible.
5. Make an effort to involve all students in learning activities. Take advantage of student-initiated ideas to increase participation and interest.
6. Involve parents of minority students. This will require encouragement and interesting activities. Most of all, it will require a teacher who is an energetic organizer and who can get along with people. The effort to involve parents will pay dividends in increased student interest and increased parental support.
7. Help students to learn to evaluate themselves and assess their own progress. Evaluate students' efforts promptly, provide feedback, help students learn from their mistakes, and show them where and how they can improve.
8. Be honest with minority students. Don't give a rosy appraisal of problems. Honesty is an important way to establish rapport and develop the respect of these students.
9. Make instructions practical and basic. Explain *how* first; *why* later. Minority students are often said to learn best by doing; however, many educators believe this is equally true for all students.

10. Reward success. Since failure has been a common experience for many minority students, each success should be rewarded. It may be necessary to reward small steps to ensure that the student will eventually reach the objective or achieve the competency. Consumer and homemaking education classes provide many opportunities for producing tangible products which provide evidence of achievement. Students can see that they have baked a tasty bread, drawn a neat floor plan, made an attractive garment, planned an effective budget, or created an exciting toy. Consumer and homemaking education courses also make students feel self-sufficient, an attitude needed to function as an adult.

FHA/HERO For Special Needs Students

FHA/HERO (Future Homemakers of America/Home Economics Related Occupations) provides special needs students experiences they need to develop their full potential for living satisfying lives. These experiences benefit special needs students in several ways:

1. The experiences contribute to the student's sense of accomplishment and pride.
2. The activities of the organization provide students an opportunity to learn to work together.
3. Organization activities give the students the opportunity to learn from the teacher on an informal basis.
4. The organization provides recreational and social activities that help students develop wholesome relationships with others and desirable social skills.
5. Adult sponsors can set an example which helps students develop their own moral and ethical standards.
6. Participation in the organization helps students learn democratic principles.
7. Students learn to carry through on their own ideas and plans.

Through these experiences FHA/HERO can help the special needs student develop a sense of identity, a positive self-concept, independence, self-control, healthy relationships with others, moral and ethical values, and democratic and citizenship skills.

Special needs students often fail to pursue membership in youth organizations. These students may feel membership is too expensive or too exclusive. Membership may require more commitment than the student is willing to make. Several adaptations can enable FHA/HERO to develop the potential and talent of special needs students. These adaptations should enable the special needs student to try out ideas, to find someone who will listen, to permit mistakes without penalty, to build on successes, and to develop self-confidence.

Students should be made aware that the student organization is an important part of the Consumer and Homemaking Education program. A variety of techniques can be used to motivate students to participate:

1. Convey your own positive attitudes toward the organization to students.
2. Spend time in class describing the organization, utilizing slides, films, brochures, or speakers to motivate students to participate.
3. Inform parents of the purposes and value of the organization.
4. Utilize interested students in motivating other students to participate.
5. Give students the opportunity to participate in the organization's activities as quickly as possible.

Supervising Activities of the Vocational Youth Organization

To ensure continued participation, the teacher must integrate the activities and principles of the student vocational organization into everyday classroom and laboratory experiences. This helps students realize the value of the organization. Operating the organization as a part of the curriculum allows chapter information to become a part of classroom activities. Such an approach increases the frequency of communication about chapter activities and helps to maintain a high level of interest. It also helps students to see the relationship between FHA/HERO activities and their futures as wage earners, family members, and citizens.

Special needs students should be provided the same opportunities for personal growth and leadership development as other vocational students through participation in vocational youth organizations. Students need opportunities for leadership roles and active participation at all levels. Students should run for and hold offices. The chapter should have a full slate of officers and work through student committees to plan school and community activities. Students should be guided in learning the procedures of self-government through actual practice. They should have opportunities to participate in organization activities involving other chapters at local, area, state, and national levels.

Activities are appropriate for all FHA/HERO members for helping students develop the skills every young person must have to succeed in the world of work. Students can become involved in such activities as school-community projects, student recognition ceremonies, public relations, and competitive events. Activities of the organization provide excellent opportunities to increase public awareness of the potential of special needs students.

FHA/HERO can involve every special needs student through such activities as school-community projects and public relations. The teacher can encourage participation by providing motivation and rewards for efforts. Community activities might include school beautification projects, school bulletin boards, school stores, and lunchroom cleanups. Students can conduct anti-litter campaigns, organize walk-a-thons, talk-a-thons, and bike-a-thons, give assistance to projects organized by local civic clubs, or adopt grandparents in nursing homes. Club members can work at training centers for retarded children or adults and provide entertainment for those centers. The chapter could sponsor a radio show to publicize consumer and homemaking education. These activities can provide high visibility, bring instant recognition, and provide constant reinforcement to participants.

Participation in area and state FHA/HERO meetings can provide important new experiences for special needs students. These meetings may provide the student's first long trip away from home or the student's first view or a different geographical area. The cost of these meetings are within reach of all students or clubs. Sponsors can be found for those in severe need, or students can cooperate in fund-raising activities to finance their trips.

EXPLORATORY HOMEMAKING

FAMILY/INDIVIDUAL HEALTH
EXPLORATORY HOMEMAKING

COMPETENCY: *Develop habits which promote personal health.*

SUB-COMPETENCIES: *Identify characteristics of a healthy person.*

Explain how to meet physical health needs.

Outline ways to meet emotional health needs.

Describe how to meet mental health needs.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
A. Promoting personal health 1. Characteristics of a healthy person	Use Teaching Aids 1 and 2 Characteristics of Good Health and Poor Health to list examples of good and poor health characteristics. Discuss the physical differences between good and poor health. Identify the mental and emotional differences between good and poor health. Explain ways in which mental and emotional health may affect physical health. Ask half the students to list three ways in which a person in poor health may increase wellness and half the students to list three ways in which good health can be maintained throughout life. Compare and contrast the listings through discussion. KEY QUESTION: In what ways could changes in daily habits and/or environment increase or decrease the quality of a person's general health? Ask students to complete Teaching Aid 3 Habit Indicator to see if they have proper health habits. Review the responses. Discuss the habits in each area which should be practiced daily compared to those that need only occasional application. Ask students to analyze their responses and identify ways in which they can improve their personal health habits. KEY QUESTIONS: How can an individual's responsibility affect health? Why is it necessary that an individual take responsibility for wellness? How can awareness of good health habits promote wellness?
2. Physical health needs a. Diet	Distribute Teaching Aid 4, Body Frame Type. Provide several tape measures and have students measure and record their wrist circumference. Use the Teaching Aid to estimate students' body frame type. Have students view Teaching Aid 5 the Average Height–Weight Table to see how their weight compares to the average weight for their height. Height/Weight charts provide an approximate idea, or range of weight. The weights listed are averages. Body frame types vary among individuals and may determine variations from "average" weights. Have the students read resources such as "Teen Guide" for information on the Daily Food Guide and the recom-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	mended daily allowances in each food group. Distribute copies of Teaching Aid 6, Recommended Daily Dietary Allowances. Explain the chart and how it can be used to determine if proper nutrition is being achieved.
	Have students research nutritional requirements for their age group. Have them determine the daily caloric requirement for maintaining weight, the daily caloric requirement for losing weight, and the caloric requirement for gaining weight. KEY QUESTION: What amount of each food group is required each day?
	Ask students to complete Teaching Aid 7 Food Group Match-up for practice in identifying the food group to which a particular food belongs. Answers to Teaching Aid 7 are: VEGETABLES AND FRUITS–broccoli, potato, zucchini, apple, raisins, and squash; BREADS AND CEREALS–rice, cornflakes, spaghetti, tortilla, grits, and oatmeal; MEAT, POULTRY, FISH, AND BEANS–refried beans, ham, shrimp, egg, turkey, and hamburger patty; MILKS AND CHEESES–yogurt, ice cream, cottage cheese, skim milk, and chocolate milk; and FATS AND SWEETS–candy, mayonnaise, and chocolate cookies. Following this activity, review information about the number of required servings from each food group. Demonstrate or identify serving sizes for various foods from the basic food groups.
	Have students compile a food diary for one day including all food intake for 24 hours. Be sure that all snack foods and drinks are recorded as well as meals eaten. Determine the number of servings from each food group. Estimate the calorie content of the food and compare to the calorie requirement for the students' age group. KEY QUESTIONS: Was your diet balanced for the day? Why or why not? Was the calorie content adequate? In what ways can your nutrition be improved?
	Discuss in class problems that may be related to poor nutrition during the teen years. Include: skin problems, obesity or emaciation, anorexia, problems with teeth and gums, frequent illness, etc. Identify ways to prevent or deal with these problems.
b. Exercise	Discuss current, popular exercise programs including jogging, aerobics, walking, gymnastics, etc. KEY QUESTION: What factors should be considered before starting any exercise program?
	Ask students to read and write a report on an article on exercise in a current magazine. Reports on the readings may be limited to five minutes. Following the last report,

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	discuss which program or exercise would be most appropriate for various age groups, which would require expensive equipment, which would require the most time, etc. Have students record the amount of exercise they have participated in during the past week (15 minutes or longer blocks of time). On the chalkboard list the different kinds of exercise reported by members of the class. Discuss whether each exercise is appropriate for the age group, adequate in duration and frequency, and suitable for individual performance. Encourage students to develop an exercise plan for themselves that promotes overall physical fitness. Share plans in class.
c. Rest	Survey the class to determine how many hours the average teen sleeps. KEY QUESTIONS: Does everyone need the same amount of sleep? Explain. How do sleep and rest affect general health? Discuss health problems that cause individuals to need more rest than usual. Examples include: mononucleosis, influenza, hepatitis, rheumatic fever, etc. Invite the school nurse to discuss the amounts of additional rest that these illnesses would require. Sleep related health problems such as narcolepsy and insomnia could also be included.
d. Routines	Define the word "routine." Have students list all the health related daily activities they perform that have become "routine." KEY QUESTIONS: How do routines become established? How can children be helped to establish routines in daily health related activities such as hand washing, bathing, and brushing teeth? Ask students to identify a daily health related activity which they find difficult to remember or an activity they would like to make routine. Have them write down the routine they wish to establish for that health activity and develop a creative written plan for accomplishing the goal. Examples of health activities might include: nail care, skin care, flossing teeth, etc. Ask for a progress report in one week and again at the end of two weeks.
3. Emotional and mental well-being	Define and discuss the word "emotions." Have students complete the word search on Emotions on Teaching Aid 8. Then discuss each emotion listed in the word search. KEY QUESTION: How do a person's emotions affect that person's mental well-being?
a. Positive attitudes	Define the term "attitude." Ask the class to define and discuss the meaning of "positive attitudes." KEY QUES-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	TIONS: How do positive attitudes influence emotional and mental health? How can one improve her or his attitude? Ask students to think of people they know who have negative attitudes about many things. KEY QUESTIONS: Is it fun to be around an individual who is negative? How are attitudes communicated? Is there any difference in how persons with positive attitudes and those with negative attitudes tend to respond to difficulties? If so, explain.
b. Communication skills	Discuss the three types of communication skills: talking, listening, and body (non-verbal) language. KEY QUESTIONS: At what age(s) do these skills develop? Which skill is easiest for you? Which skill is most difficult? What are some of the basic symbols in body language and what messages do they send? Have students observe the body language displayed at the next school assembly. KEY QUESTIONS: What body language did you observe? How did you interpret these body language signals? Have each student develop a written plan for improving personal communication skills. Require a progress report after a prescribed length of time.
c. Stress	Ask students to read information on stress in textbooks or other available resources. Discuss the causes of stress and ways to cope with stress. KEY QUESTIONS: Is stress good or bad? How can we control the stress in our lives? The Adolescent Life Change Event Scale on page 50 in *Home and Career,* by the Home Economics Curriculum Center, may be duplicated and completed by students to check their current level of stress. Discuss the various levels of stress and their effects on health. Have students draw, or find, a series of cartoons to develop a bulletin board titled "Pass on the Stress," showing how the effects of stress in the parents' work place may be passed on to the family, even down to the family pets. Ask students to suggest ways individuals can deal with stress to avoid "passing it on" to other family members.
d. Personal problems 1) Recognition	Discuss the importance of recognition in developing a positive self-image. KEY QUESTIONS: How can you help your friends feel good about themselves? Does it give you a sense of satisfaction to give someone a compliment or praise for an achievement? Ask students to list five nice things they have done for friends or family in the last week. Also have students list

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	five nice things that were done for them during the last week. KEY QUESTIONS: Did you thank the benefactors or let them know in some way that you appreciated them? How does showing appreciation, or failing to do so, affect the person who was nice? How will showing appreciation influence future behavior?
2) Coping skills	Ask students to read information on coping with problems or stress. Discuss the following methods: getting adequate rest, participating in regular exercise, talking over problems with someone, taking time to relax, planning your time, avoiding too many changes at once, developing an optimistic attitude, and getting outside help, if necessary. Have students write down three things they like to do to relax. Compile a class list and determine what activities are considered most relaxing. KEY QUESTIONS: Could an activity that is relaxing for one person be stressful for someone else? Give examples and explain.
4. Abuses of personal health a. Tobacco Use	View Teaching Aid 9 Hazards of Tobacco Use and have students discuss the health hazards of smoking and/or using snuff, or chewing tobacco. Find and discuss the number of deaths in the United States from cancer and heart disease that are related to smoking and/or tobacco use. Have the students investigate the incidence of oral cancer and throat cancer caused by dipping snuff or chewing tobacco. KEY QUESTIONS: What other diseases or health problems are directly related to cigarette smoking? Does second-hand smoke affect the health of non-smokers? Are the "smokeless" forms of tobacco safe? Have students brainstorm and list ways to quit all tobacco use. Discuss the influence of attitude, motivation, and insight in being successful in quitting smoking. Obtain a free single copy of the *Teenage Cigarette Smoking Self-Test* from the Office of Smoking and Health, 1-58 Park Building, 5600 Fishers Lane, Rockville, MD, 20856. Administer the test to students to help them gain insight into their attitudes and knowledge about smoking and quitting.
b. Alcohol	Have students prepare a bulletin board titled: "The #1 Drug Problem: Alcohol Abuse." Have students find information for the bulletin board in textbooks, pamphlets, magazines, and newspapers. Use Teaching Aid 10 Know Your Limit and discuss with students the hazards of drinking and driving. What can you do if you are riding with someone who has had too many drinks?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Explain and discuss how to identify potential alcohol abuse problems. Use the guidelines that follow. A person has a alcohol abuse problem if that person:
	• Drinks alone
	• Drinks in the morning before school or work
	• Has been drunk four times in a year
	• Drives while drunk
	• Drinks to the "passing out" stage
	• Causes or experiences family arguments about drinking
	• Has been arrested as a result of drinking
	• Does something under the influence of alcohol that would not be done otherwise.
	Ask students to find out what agencies or oganizations in the community provide assistance in recovery from alcoholism. KEY QUESTIONS: Are the services for the alcoholic only? Are any services available for family members of alcoholics? What are the costs of these services? What rate of success does the agency or organization have?
c. Drugs	Have students read information on drug abuse in the United States. KEY QUESTIONS: How do drug users begin using drugs? Are drugs a major problem among teens in the U.S.? Can drug abuse occur with over-the-counter drugs?
	Explain how to identify symptoms of drug abuse by recognizing the following behavior changes. Symptoms of drug abuse include changes from being:
	• Talkative and expressive to silent and withdrawn
	• Healthy and energetic to nervous and restless
	• Confident and self-assured to oppressed and persecuted
	• Attentive and dependable to vague and disinterested
	• Eager and enthusiastic to apathetic and hopeless
	• Open and trusting to suspicious and alienated.
	Discuss what should be done if a friend or family member is suspected of drug abuse. KEY QUESTIONS: What is the best way to approach the person? Where can help be obtained?

CONCEPTS	LEARNING AND EVALUTION EXPERIENCES
d. Fad diets	Discuss fad diets and why they may be dangerous to health. KEY QUESTIONS: How much weight should be lost per week on a diet? Are vitamin and mineral supplements necessary? Should exercise be included in a weight control program? Have students look in newspapers and magazines for advertisements or articles describing diets. Point out to students what makes a diet a "fad" diet. For example, the diet is a fad if: • The diet limits or omits foods from one or more of the food groups • The diet promises fast or extensive weight change • The weight change program includes purchasing pills, books, equipment, special foods, or special supplements. Ask students to evaluate the diet advertisement or article and report to the class on whether or not it is a fad diet and give reasons for the decision.
e. Suicide	Discuss the high incidence of teen suicide in the U.S. In 1983-84, 40,000 teens attempted suicide and almost 10,000 succeeded. Suicide is the leading cause of death for young people between the ages of 15-24. KEY QUESTIONS: What can you do if you know someone who talks about suicide? Who should you tell? Where can help be obtained? Review the following nine warning signs of suicide: • Discussing suicidal thoughts or a preoccupation with death. • Giving away personal possessions, making a will, or making other preparations for death. • Changes in sleeping habits–either sleeping too much or too little. • Changes in eating habits–losing or gaining a lot of weight. • Changes in school performance–drastic change in grades attendance. • Change in social activities–dropping friends, spending too much time alone.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	• Personality changes. • Abuse of alcohol, drugs, or other self-destructive behavior. • A previous suicide attempt.

COMPETENCY: *Maintain personal safety.*

SUB-COMPETENCIES: *Identify safety hazards in the home and environment.*

Demonstrate first aid for minor injuries.

Outline procedures to follow in an emergency.

CONCEPTS

B. Maintaining personal safety
   1. Home and environment

LEARNING AND EVALUATION EXPERIENCES

Divide the class into three groups and have each group research and develop a bulletin board or poster on falls, fires, or poisonings, the three most common hazards in the home. When the groups have completed their work, conduct a class discussion centered on the bulletin boards or posters.

Ask students to survey their home to detect situations that might cause falls. Have them look for hazards such as poor lighting, poorly installed handrails on stairs (or none at all), broken steps, "throw" rugs, slippery floors, uneven sidewalks, and bikes, skates, or other toys left where they may trip someone etc. Ask the students to write a paragraph identifying the hazards they found which could cause falls and to develop a plan for how they can personally help correct the problems.

Invite someone from the local fire department to speak to the class on fire prevention. Have students prepare questions in advance. Examples of questions include: How many fires occurred in our community last year? Were there any deaths or injuries? If so, how many? What was the cause of the fires? What can be done to prevent fires? Do smoke alarms really help? Are smoke alarms required in houses and apartments by a city ordinance?

Discuss poisoning with the class. Point out that poisoning is the third leading cause of accidental death. Many times the victims of accidental poisoning are young children. Since many 7th and 8th grade students may be responsible for the safety and well-being of younger children while babysitting siblings or children of friends or neighbors, knowledge of possible sources of poisoning is vital.

Set up a display of cleaning products, medicines, plants, paint (which may contain lead), turpentine, pesticides, gasoline, anti-freeze (coolant), etc., which could be found around any home. Discuss the items with the class and encourage them to be alert to these and other possible poisons. What precaution will keep these poisonous materials from causing harm? Example: store out of children's reach, use safety caps, use cabinet door safety latches, etc. What hazards are involved in storing poisonous materials in containers that are not labeled?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Have students prepare a card of emergency phone numbers for their billfold or purse. Include the poison control center or emergency room of a local hospital, an ambulance service, the police department, and the fire department. Encourage students who babysit to determine the telephone number of each family's physician and a number where the parent or parents can be reached in an emergency.
2. Recreation	Demonstrate safe methods for building fires and cooking outdoors. Discuss proper techniques for starting and extinguishing wood and charcoal fires, the use of long-handled utensils, and the proper handling and storage of fire starters. Have students cook frankfurters and/or marshmallows on the fires to practice using safety techniques.
	Assign topics for students to study independently and summarize in a one-page report. Examples might include: jogging safety, camping safety, swimming safety, boating safety, fishing safety, water or snow skiing safety, and hunting safety.
3. Transportation	Appoint a committee of students to investigate and report to the class on bicycle safety. The report could include bringing a bicycle to class and pointing out safety features as well as rules for safe operation. Pamphlets on bicycle safety are available from the State Department of Public Safety.
	Invite a representative from a recreational vehicle dealership to speak to the class on safety features and regulations for safe operation of mini bikes, all-terrain vehicles, and motorcycles. Have students prepare questions for the speaker prior to class. KEY QUESTIONS: Are helmets recommended? Is a license required? At what age can a learner's permit be obtained? Where can the vehicle be legally operated? Is a driving test required? Do you need liability insurance coverage to operate any of these vehicles? How much does the insurance cost?
	Invite a speaker who teaches driver's education to give a driving safety presentation or show a film on safe driving to the class. KEY QUESTIONS: At what age can a driver's license be obtained? Is a driver education course required? What age group is responsible for the most accidents? Are more accidents caused by faulty equipment or faulty driving?
	Conduct a contest in class for writing the best slogan for a bumper sticker promoting safety driving on bicycles, all-terrain vehicles, motorcycles, or cars. Arrange for impartial judging and award some type of prize or certificate.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
4. First aid for minor injuries	Have the class select five minor injuries that could occur in a home. Discuss the first aid that would be required in each situation. Invite the school nurse to demonstrate first aid principles for minor injuries. Have students participate in the demonstrations and/or practice on each other. Ask students to make a list of first aid supplies that might be kept in the home. Examples include: asprin or asprin substitute, antacid, calamine lotion, alcohol, decongestant, antidiarrheal remedy, syrup of ipecac, adhesive bandages, a roll of 2 inch bandages, gauze pads, adhesive tape, scissors, elastic bandages, tweezers, hot water bottle, thermometer, cold steam vaporizer, and a first aid manual. Check your own home medicine cabinet for these supplies.
3. Emergency procedures	Lead the class in a brainstorming session to develop a list of procedures for dealing with emergencies. Examples of steps to be included are: 1) do not panic; 2) if an injury looks serious call for professional assistance; 3) evaluate the situation carefully and describe it accurately when the professional arrives; 4) if possible, take courses in first aid and CPR (cardiopulmonary resuscitation); etc. Divide the class into five groups. Assign each group one of the following topics: bleeding, burns, choking, fainting, or fractures and sprains. Have each group find information on their assigned topic and select two or three students to demonstrate minor first aid techniques for the class. The group assigned the topic of choking may prefer to invite an expert to demonstrate the Heimlich Maneuver to the class. Observe the presentations carefully and add any relevant information that may have been omitted by the student groups.

COMPETENCY: *Avoid personal illness.*

SUB-COMPETENCIES: *Identify signs of illness.*

Describe causes, symptoms, transmission, and prevention of communicable diseases.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
C. Avoiding illness 1. Prevention of illness	Discuss how individuals can prevent illness. Include factors that influence an individual's general health such as adequate rest or sleep, proper nutrition, effective stress management, avoidance or limited use of tobacco and alcohol, suitable exercise program, etc. Have the class read information on immunizations and the illnesses that they prevent. Ask the students to find out what immunizations they have had. KEY QUESTIONS: At what age are immunizations begun? Why would it be important to keep a written record of the date and kind of immunization each family member has had? Discuss in class how regular physical checkups can help prevent illness. Assign someone in the class to investigate how much a physical checkup costs in your community and report to the class. KEY QUESTIONS: How often should well individuals have a checkup? What options, other than private physicians, would be available to low income families?
2. Signs of illness	Ask students to name some symptoms of common illnesses. Have someone record these symptoms on the board. Examples include: sore throat, headache, fever, rash, upset stomach, chills, etc. KEY QUESTIONS: Can these symptoms be associated with more than one illness? How can you decide when to see a doctor? Read information on signs or symptoms of illness in textbooks or other resources. Discuss pain and fatigue as symptoms of illness. KEY QUESTIONS: Do people have different pain tolerances? How can one determine when a child's pain level is serious? Is fatigue usually a symptom of physical tiredness or emotional stress? How can one overcome fatigue? Ask students to find and study *The Seven Warning Signs of Cancer* as publicized by the American Cancer Society. Discuss in class the importance of seeing a doctor immediately if any one of the warning signs is detected.
3. Communicable diseases	Brainstorm with the class to list communicable diseases. When the list is finished, let each student select a disease to investigate. A short paper can be written or class reports given covering the symptoms, causes, transmission

methods, prevention methods,. and treatment.

Conduct a contest to design posters on prevention of communicable diseases. Invite the school nurse to judge the posters and determine the winners. Awards could be as simple as ribbons or stars. Display all posters in a prominent place.

Invite a health care professional to speak to the class on myths related to common illnesses. Examples of myths include: "An apple a day keeps the doctor away," "Large doses of vitamin C prevent colds," "Everyone should take mega-vitamins," "Warts are caused by handling toads," etc. Encourage students to prepare a list of questions they would like to ask the speaker before class. Ask the speaker to close by giving the students suggestions for where reliable information can be found.

COMPETENCY:

Analyze career and job opportunities related to family/individual health.

SUB-COMPETENCIES:

Discover local entry-level job opportunities related to family/individual health.

Summarize desirable qualities for a person who works with sick and convalescing people.

Explain education requirements for careers in family/individual health care.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
D. Jobs and careers 1. Job opportunities	Begin development of a bulletin board titled "Opportunities in Family/Individual Health Care." Underneath the title, place the following subtitles: Child Care, Handicapped, and Elderly. Allow space beside or below each subtitle to write in suggested job opportunities. Ask the class to identify various jobs available under each subtitle. Jobs may include professional, technical, skilled, and entry level positions. Examples of job titles which might be included are: babysitter, child day care aide, candy-striper, recreation supervisor, nursing home administrator, home health aide, physical therapist, etc. Discuss in class the list of jobs under each subtitle. KEY QUESTIONS: What jobs are available to youth in the community in these areas? What are the potential places of employment? Where might each job lead? Have students bring several newspapers to class. Ask them to work in groups or individually and find help-wanted ads that might fit into the field of family/individual health. Ads for the child care category might be circled with a red marker, ads for working with the handicapped might be circled with blue, and ads for working with the elderly could be circled with green. Have each student count the number circled in each category and report to the class.
2. Qualities needed	Ask students to read articles on careers in the family/individual health field to determine personal qualities that would be advantageous. Also ask them to identify qualities that might be a disadvantage in this field. Then have students complete the occupational qualities scale on Teaching Aid 11 Health–Care Occupational Qualities. *Family Health and Home Nursing* by the American Red Cross is a good resource on health care professions. KEY QUESTION: How could individual qualities affect public relations or the trust which a consumer needs to have in health care personnel? Lead a class discussion and have a student list on the board the personal qualities that would enhance a career in the health field. Examples include: an interest in people,

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	ability to get along with people, a happy and optimistic outlook on life, etc. Have students list the personal characteristics or qualities they have observed in persons they know in the health care field. Compare the lists. KEY QUESTIONS: Which qualities appear most often? How can the desirable qualities be attained?
3. Education required	Invite the school vocational counselor or a health care employee to discuss with the class the health care opportunities and educational requirements of health field occupations. High school classes, post-secondary training, testing, costs, interships, etc., may be among the topics discussed. Have students survey the Yellow Pages to determine educational resources (schools, vocational classes, etc.) that are available in your own community or the nearest city. The school librarian may have catalogs of schools that offer health field training. Students could write for information on programs if the library or counselor does not have access to the information. A bulletin board on health career educational opportunities could be prepared by some students. Ask students to interview one person who works in a health related job. Have them determine what educational requirements are in effect for that particular job and where the interviewee received training and the length of the period of training and/or education. Limit class reports to five minutes.

FAMILY/INDIVIDUAL HEALTH
HOMEMAKING I

COMPETENCY: *Promote and maintain family/individual health.*

SUB-COMPETENCIES:

List characteristics of a healthy person.

Identify habits which promote personal health.

Explain how to meet physical health needs of family members.

Outline ways to meet emotional health needs of family members.

Describe how to meet mental health needs of family members.

Outline factors such as smoking, alcohol or drug abuse, obesity, and lack of exercise which increase the risk of health problems.

Describe adjustments to long-term health problems, such as diabetes or hypertension.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
A. Maintaining family/individual health 1. Concept of wellness	Conduct class discussion on the concept of wellness. One current definition is: "when the whole person–mind, body, and spirit–functions at that person's greatest potential." KEY QUESTIONS: Can everyone achieve wellness? Why? Can handicapped persons achieve wellness? Is it necessary to achieve total wellness or is it important to move toward that goal to the greatest degree possible? Whose responsibility is wellness? Ask students to read an article on wellness in a current periodical or book. Have short reports in class or have students write a one-page report to hand in for evaluation. Assign students to a work group for development of posters or bulletin boards on wellness. Check to see that the following points are included: *Physical wellness*–adequate energy; disease resistance; firm skin that is free of rash, swelling, or blemishes; bright, clear eyes; erect posture; well distributed weight; shiny hair; healthy gums; and good muscle tone. *Emotional wellness*–has positive attitudes; copes well with stress; rests, relaxes, and sleeps well; adapts well to change; assumes responsibility; feels satisfaction with work; and has realistic short- and long-term goals.
a. Personal health habits	Have students fill in Teaching Aid 12 on Personal Health Habits. In the column for *Habits*, identify and list the good

and poor health habits described in the case situations. In the *Improvements Needed* column, make suggestions for improving the poor health habits that are described.

The answers to Teaching Aid 12 are:

Case Situation:	Habits:		Improvements Needed:
	GOOD	POOR	
CASE SITUATION #1	1) relaxation 2) exercise	1) not washing hands 2) leaving dirty mitt on table	Suzi should wash her hands before and after eating. She should eat the meal slowly and relax. Suzi should also leave her sports equipment in another room.
CASE SITUATION #2		1) failure to get adequate rest 2) not brushing teeth 3) poor diet	Juan should get the rest that he needs, and allow for time to prepare for school. He should brush and floss his teeth at least once a day, and he should eat three balanced and nutritious meals each day.
CASE SITUATION #3		1) stress 2) failure to get adequate rest 3) smoking	Mark should change his sleeping habits to ensure adequate rest, and he should relax through exercise or hobbies rather than through the use of harmful substances like tobacco, alcohol, or drugs.
CASE SITUATION #4	1) relaxation	1) using a harmful substance	Bill should avoid harmful activities like drinking alcohol to excess, and he should try to resist peer pressure.
CASE SITUATION #5		1) poor diet 2) questionable weight loss program 3) lack of exercise	Margie should eat a well-balanced diet and start an exercise program. She should consult a physician before attempting weight loss.
CASE SITUATION #6	1) plenty of rest 2) exercise	1) irregular medical checkups	Nathan should visit his doctor on a regular schedule and he should keep an up-to-date record of immunizations.
CASE SITUATION #7	1) relaxation 2) plenty of rest	1) lack of exercise 2) poor diet	Shelley needs to participate in a daily exercise program, and she needs to eat more nutritious snack foods rather than junk foods.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Discuss the completed teaching aid in class. KEY QUESTIONS: Why should health habits be improved? What might happen if the person continued the poor habits?
	Ask students to record their own good and poor health habits for one day. On the following day discuss with the class the importance of good health habits and ways poor habits can be improved. After the discussion, have students list ways that they will improve one of their poor health habits.
	Divide the class into five groups. Assign Group I to investigate and report on good health habits related to nutrition and diet. Group II should research the physical fitness, exercise, and weight control aspects of personal health. Group III's assignment is rest, leisure, and relaxation. Group IV should report on the effects of using drugs and alcohol on personal health, and Group V's topic is personal hygiene including care of the skin, hair, nails, and teeth. The class reports by each group should relate the assigned topic to all age groups.
b. Factors which increase the risk of health problems	Prepare a display of health resource materials such as books, pamphlets, and bulletins from medical organizations. Ask each student to select one resource, read the material, and report to the class. Some major health concerns include communicable diseases, chronic diseases, alcohol or drug abuse, obesity, and lack of exercise. Discuss the risks to individual health posed by these health concerns. KEY QUESTIONS: How can the risks be reduced? Are groups like MADD (Mothers Against Drunk Driving) able to influence the laws and secure changes?
	Draw a two-column chart on the chalkboard. Title the columns "Health Habits" and "Risks." Under health habits list smoking, physical activity, diet, stress, alcohol, and other habits suggested by the students. In the next column, list ways given by students in which the absence or presence of each health habit poses risk. Have students specify the risks involved such as decreasing the life span or work productivity or increasing the likelihood of illness and/or accidents.
c. Physical health	Have students define physical health in class. Find definitions in textbooks and compare to the class definition.
	Show students pictures of people participating in activities in which good physical health habits are being promoted and/or maintained. As each picture is viewed, identify the health habit being practiced. The habit may be related to nutrition, exercise, sleep and rest, or hygiene. As each principle of health is discussed, list additional activities on the

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	chalkboard which could contribute to better health. Discuss ways in which factors such as time, costs, and activities influence personal physical health. Ask students to list on paper five physical characteristics of a healthy person. Using the suggestions, compile a checklist of desired physical characteristics. Ask the students to compare their physical characteristics to those on the checklist. Discuss ways in which desired characteristics vary with different age groups. KEY QUESTION: What desired physical characteristics remain stable throughout life? Have students brainstorm suggestions for how families can promote good physical health among all family members. KEY QUESTIONS: How many of the suggestions could be applied to a single lifestyle? How many would be suitable for a handicapped or disabled family member? How many suggestions would be appropriate for an elderly family member? Draw a "time" line on the chalkboard. Designate on the line the hours of the day. Drawing from student suggestions, list physical needs that are met at various times throughout the day. Examples are: food intake for energy, clothing selections to accommodate for weather, household tasks related to sanitation or health, accident prevention, etc. KEY QUESTIONS: Is there a time of day when more physical health needs are met than at other times? Would this vary according to personal or family schedules and preferences? Prepare large sheets of paper with the following topic headings: Food, Shelter, Clothing, Professional Medical Care, and Accident Prevention. Divide the class into five groups and give a sheet to each group of students. Ask the groups to list ways family physical needs can be met for their topic area. Have each group present its list. Discuss the lists in terms of costs, variations in family backgrounds, individual standards, time, and culture.
d. Emotional and mental health needs	Ask each student to write a definition of emotional or mental health. Briefly discuss the meaning of emotional and mental health, then compare to the student definitions. Identify and discuss the similarities and differences of the definitions. How could various interpretations of emotional health be significant in evaluating the emotional and mental health of an individual? List on the chalkboard the qualities that describe good emotional and mental health. Include examples such as: gives and accepts love and affection, is responsible for own

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	feelings and actions, gets along with other people, adapts to change, handles stress, and recognizes differences between reality and nonreality. Discuss how families can establish and maintain good emotional and mental health qualities in family members. KEY QUESTIONS: What are the major indicators of sound emotional and mental health? How can particular circumstances such as stress affect emotional and mental health?
	Ask students to describe times when they feel or think negatively. Discuss how this influences their motivation, contentment, and interactions with other people. Write brief descriptions on the chalkboard. Ask students to describe times they feel or think positively. Write the positive descriptions next to the negative. Discuss and contrast the two columns. KEY QUESTION: How could identifying these triggers to negative and positive thinking help maintain emotional and mental health?
	Define and discuss stress with students. Ask students to identify areas in which they experience healthy and unhealthy stress and the behaviors and symptoms that accompany their periods of stress. Examples include: headaches, backaches, crying, compulsive eating, compulsive smoking, worrying, impatience, frustration, and inflexibility. With student input, identify effective ways of dealing with stress. Examples include: relaxation techniques, deep breathing, exercising, reading, sleeping, and talking to a friend. For other activities refer to Unit D, "Conquering the Stress in Your Life," in *Home and Career* developed by the HECC.
2. Long-term health needs a. Types	Discuss with the class the types of long-term health care situations. Include: diabetes, hypertension, a permanent disability or handicap, cancer, stroke, and arthritis. KEY QUESTIONS: How long is long-term? Who will provide the care? How will all family members be involved? What care will need to be provided?
	Ask students to share with the class any personal experience their families have had with long-term home health care. KEY QUESTIONS: What changes were necessary in daily routines, diet, food preparation, etc.? Did the long-term care of the patient involve all family members? To what extent?
b. Adjustments	Have students read an article related to adjustments to long-term health problems. The articles can be found in magazines or newspapers. Students should analyze the articles for changes that occurred, the adjustments that resulted, and the impact upon the family. What alternative adjustments could have been made? The students should present their information in a short report of one or two pages.

COMPETENCY: *Make appropriate family health care decisions.*

SUB-COMPETENCIES: *Evaluate factors affecting family health decisions.*

Outline procedures for selecting health care professionals and services.

Analyze the trend toward do-it-yourself health care.

Evaluate the consumer's role in decisions regarding medical treatment, drugs, and surgery.

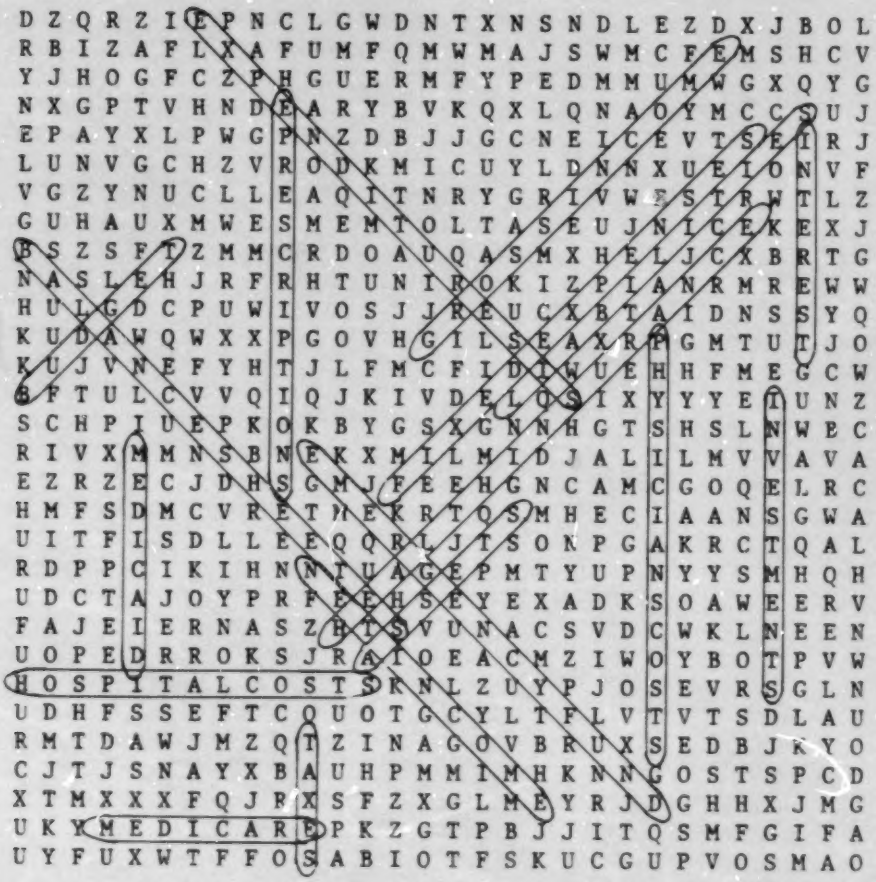
Propose ways to prepare financially for illness or accident through insurance coverage and savings.

Identify family health resources.

Show how to maintain family health records.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
B. Making family health decisions 1. Decision making in health care a. Consumer responsibility	Duplicate Teaching Aid 13 on the Steps in Decision Making. Have students fill in each step with decisions that could pertain to the family based on the case situation they read about in activity A-2-b, page 39. Discuss the decision making steps with students. What are the advantages of using this method for making family health care decisions? Discuss the five consumer rights with the students. These rights include: the right to be informed, the right to safety, the right to choose, the right to be heard, and the right to redress. KEY QUESTIONS: How could the rights be applied to family health decisions? What safety requirements affect family health? What kind of information does a consumer need in order to make family health decisions? Where can reliable information be obtained? What choices does the consumer have? For what issues does the consumer have a right to be heard?
b. Financial preparedness	Have students gather information on health insurance costs, hospitalization costs, doctors' office call costs, etc. Compare information. KEY QUESTIONS: What are the advantages of group health insurance? Do all doctors charge the same amount for an office call? How can a family plan financially for an unexpected illness or hospital stay? Distribute the Budget for Health word search on Teaching Aid 14 and have students complete the exercise. Words may be vertical, horizontal, or diagonal. Set a time limit of 10-15 minutes. Discuss each word on the list and its

relationship to being financially prepared. Answers to the word search are shown below.



Make copies of Teaching Aid 15, Factors Affecting Family Health Decisions, for each member of the class. Have students write out their answers as a basis for discussing the effect these factors have on family health decisions. KEY QUESTION: Why would the factors vary from family to family?

2. Health care resources
   a. Health care professionals

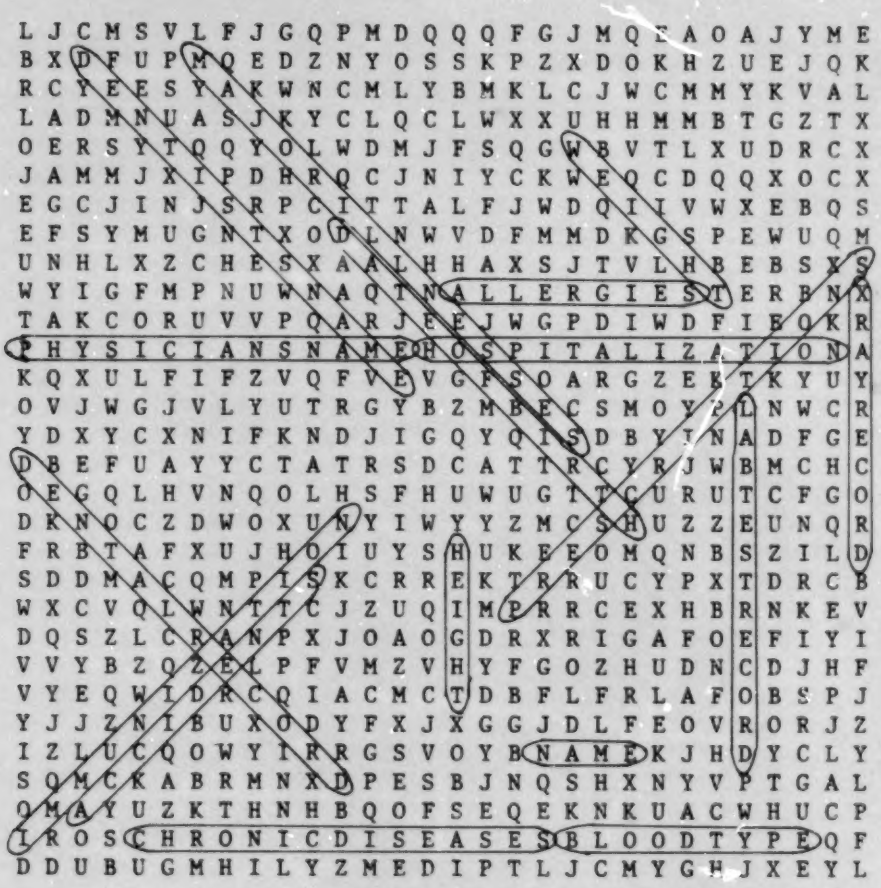
Discuss sources of information for selecting medical services. Examples include recommendations of friends, neighbors, co-workers, medical schools, hospitals, medical society, etc. Have students develop a list of guidelines to follow when selecting a family physician or medical service. The list should include: convenience of location, office hours, arrangements for emergencies, how efficiently the office is run, attitude of office staff and professionals, thoroughness of examinations, payment requirements and arrangements, the hospital with which the doctor is associated, etc.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Invite a doctor, nurse, dentist, or other health professional to speak to the class on the topic of selecting a family physician and medical services. Have students develop a list of questions on selecting medical professionals for the speaker to answer. KEY QUESTIONS: How can a family or an individual select a physician? a specialist? How should a newcomer in town find a doctor? What should a family or an individual do if they are not satisified with the physician, specialist, or services? What kind of information will a new doctor, dentist, or other health professional request? How are fees for office calls determined? Are charges negotiable? What are common fee payment procedures?
b. Health care services	Have students use the yellow pages of the phone book to identify and list the kinds of medical services available in the community or city. Include state and federal agencies, city/county agencies, non-profit health organizations, and private businesses. Examples might include: county health department, state rehabilitation commission, veterans hospitals, blood banks, American Red Cross, American Cancer Society, March of Dimes, United Way, family planning services, ambulance services, nursing services, medical equipment sales and rental services, and private hospitals. Ask students to select one health-related community resource and obtain information on the services offered, the numbers of people served, and how to obtain the services. KEY QUESTIONS: Are classes offered? Who is eligible for the services? How is the service funded? Are recipients billed? Conduct a field trip to a local family health facility, if possible. Listen to a staff member describe the services provided. Ask how many persons are served each day, month, and year; the costs involved; where the funds come from; etc. Examples of health care facilities to visit include: city/county health department, a well-baby clinic, a blood bank, emergency medical services (EMS), etc. If a field trip is not practical, invite a panel of speakers representing several agencies. Suggest that the local FHA/HERO chapter schedule a community service activity related to family/individual health. This could be a chapter activity or service by individual members. Some suggestions are: driving individuals without transportation to doctors' appointments, assisting with fingerprinting children for easy identification, delivering meals for Meals on Wheels, providing child care services during visiting hours at hospitals, making tray favors for nursing home residents, or sponsoring a blood drive or health fair (health care providers meet in a central

location to conduct free or low-cost health screenings such as blood pressure, eyesight, hearing, dental, etc.)

c. Medical records

Have students complete the word search on Medical Records information (Teaching Aid 16). Define each word on the list and be able to discuss its meaning in class. What additional information might be needed on a medical record? Discuss why it is important for an individual or family to keep accurate medical records. Answers to the word search are shown below.


L J C M S V L F J G Q P M D Q Q Q F G J M Q E A O A J Y M E
B X D F U P M Q E D Z N Y O S S K P Z X D O K H Z U E J Q K
R C Y E E S Y A K W N C M L Y B M K L C J W C M M Y K V A L
L A D M N U A S J K Y C L Q C L W X X U H H M M B T G Z T X
O E R S Y T Q Q Y O L W D M J F S Q G W B V T L X U D R C X
J A M M J X I P D H R Q C J N I Y C K W E Q C D Q Q X O C X
E G C J I N J S R P C I T T A L F J W D Q I I V W X E B Q S
E F S Y M U G N T X O D L N W V D F M M D K G S P E W U Q M
U N H L X Z C H E S X A A L H H A X S J T V L H B E B S X S
W Y I G F M P N U W N A Q T N A L L E R G I E S T E R B N X
T A K C O R U V V P Q A R J E E J W G P D I W D F I E Q K R
P H Y S I C I A N S N A M E H O S P I T A L I Z A T I O N A
K Q X U L F I F Z V Q F V E V G F S Q A R G Z E B T K Y U Y
O V J W G J V L Y U T R G Y B Z M B E C S M O Y S L N W C R
Y D X Y C X N I F K N D J I G Q Y Q I S D B Y I N A D F G E
D B E F U A Y Y C T A T R S D C A T T R C Y R J W B M C H C
O E G Q L H V N Q O L H S F H U W U G T T C U R U T C F G O
D K N Q C Z D W O X U N Y I W Y Y Z M C S H U Z Z E U N Q R
F R B T A F X U J H O I U Y S H U K E E O M Q N B S Z I L D
S D D M A C Q M P I S K C R R E K T R R U C Y P X T D R C B
W X C V Q L W N T T C J Z U Q I M P R R C E X H B R N K E V
D Q S Z L C R A N P X J O A O G D R X R I G A F O E F I Y I
V V Y B Z Q Z E L P F V M Z V H Y F G O Z H U D N C D J H F
V Y E Q W I D R C Q I A C M C T D B F L F R L A F O B S P J
Y J J Z N I B U X O D Y F X J X G G J D L F E O V R O R J Z
I Z L U C Q O W Y I R R G S V O Y B N A M E K J H D Y C L Y
S Q M C K A B R M N X D P E S B J N Q S H X N Y V P T G A L
Q M A Y U Z K T H N H B Q O F S E Q E K N K U A C W H U C P
I R O S C H R O N I C D I S E A S E S B L O O D T Y P E Q F
D D U B U G M H I L Y Z M E D I P T L J C M Y G H J X E Y L

Provide a display of examples of family health records for the class to examine. Divide the class into groups to compare the record samples. Have each group report which record it would select and give reasons for its choice.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Have students complete the Medical Records Information on Teaching Aid 17. (The students do not need to hand in the completed information sheets, but check to be certain students complete the assignment.) Discuss this type of record. KEY QUESTIONS: Could this medical records' information form be improved? What other types of information would be helpful? Would it be easy to use?
3. Self-help in health care a. Health monitoring	Use Teaching Aids 18 and 19 titled Health Monitoring Schedule for Children and Health Monitoring Schedule for Adults as a basis for a class discussion on when to see the doctor. KEY QUESTIONS: When would more frequent visits to the doctor for examinations be required? Would children only see the doctor for immunizations? How often should eyes be examined? How often should teeth be checked?
	Discuss with the class the "Seven Warning Signs of Cancer" as published by the American Cancer Society. Obtain and give students appropriate copies of materials about self-examination for cancer (available from the American Cancer Society or local physicians).
	Ask a local pharmacist to provide an exhibit of health monitoring equipment or kits for the class to examine. Examples might include: new sensor type thermometers, blood pressure devices, blood sugar testing kits, etc. Ask the guest speaker to discuss the reliability and effectiveness of these kits.
	Have students look through current magazines for advertisements of health monitoring equipment or kits. KEY QUESTIONS: How many different types were found? What is the cost? Why would people prefer to do their own health monitoring or testing?
b. Self-medication	Discuss in class the advantages and disadvantages of self-medication. KEY QUESTIONS: Do Americans tend to over-medicate? Are over-the-counter drugs less harmful/dangerous than prescription drugs? Are generic drugs less effective than other drugs? Can drugs interact with each other? with other substances? When taking a prescribed drug, why is it necessary to follow the directions exactly? Are nicotine and caffeine drugs?
	Duplicate copies of Teaching Aid 20 on Drug Combination Hazards as a handout. Have students develop a poster or bulletin board depicting the hazards of mixing drugs with other subtances.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
c. Parameters for self-help	Discuss the risks that may be involved in self-medication. Point out that even minor illnesses can sometimes lead to more serious illnesses. KEY QUESTIONS: How can one decide when to see a doctor? Can self-medicating with over-the-counter drugs be hazardous? How long should one self-medicate before seeing a doctor, if the problem does not clear up? Divide the class into groups for investigating the following topics: safety of over-the-counter drugs; rental versus purchase of supplies such as wheelchairs, crutches, walkers, hospital beds, etc.; and a comparison of quality and price of generic and name-brand drugs. Reports may be either written or oral.
d. Trends	Ask students to read a current magazine or newspaper article on new trends in the health care field. Then brief reports on each article may be given in class. Be sure information is included on HMOs (Health Maintenance Organizations), PPOs (Preferred Provider Organizations), Emergency Care Centers, Birth Centers, wellness programs offered by hospitals, house call services, ambulance services, etc. Invite a guest speaker from a hospital or clinic to speak to the class on Trends in Health Care. Have students prepare and submit questions prior to the class. Ask the speaker to include information on new equipment for diagnosis and treatment, costs of health care, and projections for future trends and developments.

COMPETENCY: *Meet safety needs of family members.*

SUB-COMPETENCIES:

Outline procedures for maintaining safe and sanitary conditions in the home.

Summarize principles of automobile safety.

Summarize principles of water safety.

Outline fire prevention precautions.

Demonstrate application of first aid.

Explain how to handle home emergencies involving injuries.

Locate community resources for assistance in emergencies.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
C. Safety needs of family members 1. Home safety and sanitation	Conduct a spelling bee which includes words related to safety and sanitation. Examples of spelling words include: accident, hazard, risk, safety, precaution, prevention, danger, sanitation, sterilize, disinfect, etc. After the spelling bee, which may or may not be graded, discuss the meanings of words in relation to family health. Prepare a display of items found throughout the home which promote safety. Items can include: fire extinguishers, smoke detectors, pot holders, ground plugs, door locks, night lights, window locks, bath mats, etc. Discuss the items and their usage. KEY QUESTIONS: Why is it important that safety items be utilized throughout the home? What other items can be included in home safety? What additional items would be needed in the home to promote safety for a handicapped family member? Divide the class into groups according to home areas of living room, kitchen, bedroom, bathroom, laundry room, and garage. Ask each group to list possible hazards for their assigned area. Examples include: bathroom—electrical shock from hair dryer or radio used near shower or tub; living room—fall from slippery throw rug. As each group presents the hazards, discuss preventative measures. Have the same groups list sanitation needs for their assigned room or area. Have them suggest a cleaning schedule for daily, weekly, and monthly tasks to maintain sanitation. Allow the groups about twenty minutes to compile their list and schedule and about five minutes per group for class reports. Discuss with the class special precautions and sanitation techniques to be used when a family member has an infectious or contagious disease. Include: laundry sanitation, dishwashing sanitation, bathroom sanitation, and isolation of the patient.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
2. Safety in family activities	Read about safety precautions needed when driving or riding in a vehicle. Precautions might include: use of safety belts or child restraint seats (as required by law) use of door locks, and the application of defensive driving. Show pictures of the various forms of transportation such as automobile, train, airplane, ship, bicycle, motorcycle, and pedestrian. As each picture is presented ask the students to write one or two safety tips that can be followed when traveling by that means. Review the listing and discuss the potential for accidents. KEY QUESTION: Why is it helpful to be aware of potential hazards and be prepared for the unexpected? Invite a highway patrol officer or state trooper to visit the class to discuss transportation safety. Ask him or her to give statistics on annual deaths and injuries in the state from automobile accidents. Also include information and statistics on drunk drivers and deaths and injuries resulting from drunk driving. Obtain information from an insurance company or agent on current rates for insuring teen drivers. Discuss in class the reasons that rates for teen drivers are higher than for adults. If your school offers driver's education, that teacher could be asked to assist with this discussion. Write the word RECREATION in a vertical column on the chalkboard. Ask class members to suggest one-word descriptors of safety guidelines that can be applied when participating in recreational activities. Each descriptor should begin with one of the vertical letters. KEY QUESTIONS: What are the advantages of practicing safety during leisure time? How can safety procedures affect recreational activities? Ask each student to write a paragraph on a family activity in which they participate and the safety procedures the family uses during this activity. If this assignment is graded, bonus points might be offered for additional suggestions students could make to improve their family's safety when engaging in this activity.
3. Response to emergencies	Use Teaching Aid 21 on Potential Home Emergencies to initiate class discussion. KEY QUESTIONS: What steps could be taken to prevent the emergencies? What are other common home emergencies and their causes? Have students evaluate their own potential home emergencies. They should record the findings on paper and develop a plan for improvement. Discuss the plans for improvement in class. KEY QUESTIONS: What other precautions could

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	be taken to prevent emergencies? Does the age range of the family members have any relationship to the potential emergencies? Explain your answer. Does the age range also affect the precautionary measures that need to be taken? What precautions would parents of small children need to take?
a. First aid	Show a film on first aid principles that relate to home emergencies. Discuss the principles. KEY QUESTIONS: Would training or practice be needed in order to use these principles in a home emergency? How can you obtain practice or training? Why would it be important for family members to know first aid principles? Have students discuss first aid principles that they have used at home and the situations that required them. Have they been involved in any emergencies that have required first aid training such as CPR or the Heimlich maneuver? Invite the school nurse to demonstrate and discuss with the class some first aid techniques such as the Heimlich maneuver, applying dressings, cleaning wounds, stopping bleeding, removing foreign matter from the eye, and recognizing and treating shock. The students should participate in the demonstrations and, as appropriate, practice the techniques on each other.
b. Community resources	Organize a field trip to a local fire department with a paramedic unit. Have students ask about the services provided by the fire department and the paramedics. KEY QUESTIONS: What are some typical calls that the paramedics get? Who pays for these services? How many calls do they answer per month? Is there a problem with false alarms? How much does it cost to make a run? Have the students research and list four community resources that provide for the safety of family members. Examples include: hospital emergency rooms, urgent care centers, ambulance services, paramedic services, fire department, the Red Cross, etc. KEY QUESTIONS: How does one obtain the services? What are the costs of the services? Are the costs the same for everyone? Do they provide first aid and safety technique training to the public? What type of training is required for the people who provide the safety services?
4. Fire prevention	Discuss fire prevention in the home with the students, and ask students to list some of the causes of home fires. Examples include: careless smoking, misuse of matches, candles, stoves, cooking equipment, heating equipment, fireplaces, etc. KEY QUESTIONS: What are some ways to prevent fires? What steps should be taken if a fire is discovered burning in the house? Why is it important

that all members of the family know their responsibilities in case of fire?

Distribute a copy of Teaching Aid 22, Fire Prevention Checklist, to each student and have them complete the checklist at home. Students can bring their completed checklists to class the following day and discuss improvements that need to be made in their homes for fire safety.

Have students sketch a floor plan of their family's house or apartment as homework. The sketch does not have to be drawn to scale but should include all doors and windows. Ask that the students plan a primary and secondary escape route from each room in their home. These routes may be indicated with a red pen and the number one for the primary escape route and the number two for the secondary escape route. The plans should be handed in for evaluation. Discuss the plans in class once they have been evaluated. KEY QUESTIONS: Have teens and adult family members been assigned responsibility for assisting elderly or very young children in case of fire? Have smoke avoidance techniques been reviewed by every family member? Has a fire drill or practice session been held?

COMPETENCY: *Identify career and job opportunities related to family/individual health.*

SUB-COMPETENCIES: *Identify entry-level jobs in family/individual health.*

Relate ways family/individual health skills apply to other occupations.

Summarize ways family/individual health affects job performance.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
D. Career and job opportunities related to family/individual health 1. Entry-level jobs	Have students construct a bulletin board illustrating entry-level jobs related to family/individual health. Suggested captions include: "Family/Individual Health: The Door to Opportunity" or "Where the Action Is in Family/Individual Health." Have students brainstorm and describe the advantages for teenagers working in an entry-level job related to family/individual health. KEY QUESTIONS: What training would the students need to obtain the jobs? What additional training would be required to move up the career ladder? Have students survey the community through newspaper want-ads, private and state employment agencies, and personnel departments of various health related organizations. They should summarize the health related entry-level jobs that are available. Have students combine their information and make a composite list of potential employment situations. The list should include information on skills required, duties and job responsibilities, pay scale, hours, etc. Have each student list her or his personal skills and/or experience related to family/individual health. Have students discuss how these skills can be useful in getting an entry-level job in the area of family/individual health. Have students choose an entry-level job related to family individual health, and research what educational training is necessary for the job. What skills are required for the job? What are the job prospects? Would the students' skills and experiences suffice? Ask students to complete a job application for a job related to family/individual health. Have students use the job application form on Teaching Aid 23, Application for Employment. Review the applications in class and select the best three. KEY QUESTIONS: What makes these applications better than the others? How might you improve your own application? What are some guidelines to follow when applying for a job and filling out the application? What information should you include on the application?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
2. Applying family/individual health skills	Have students brainstorm and list skills they have learned at home that would be beneficial to them in a job related to family/individual health. KEY QUESTIONS: How would these skills be beneficial? What other skills would be beneficial? Where else might you learn these skills? Discuss responsibilities associated with entry-level health related jobs. KEY QUESTIONS: What are some desirable personal characteristics and why are these characteristics desirable for any employee? Why is responsibility desirable for an employee? How can responsibility be developed? Have students view Teaching Aid 24, Personal Characteristics for Job Success. Ask them to add other characteristics to the list. Discuss how each characteristic relates to job success.
3. Effects of family/individual health on job performance	Have each student identify ways their own health and that of family members would affect job performance. The students should write a short paragraph about ways health would affect job performance and present their ideas to the class. Factors include: proper amount of sleep, good nutrition, positive mental attitude, good physical fitness, positive relationships with co-workers and supervisors, emotional stability, attendance, and mental alertness. Ask students to read articles from current magazines or newspapers to determine what provisions are made for employees' health and physical fitness. Examples include: annual physicals, health and dental insurance plans, indoor running track, weight room, spa facilities, proper air ventilation, good lighting, and counseling. Have students develop a poster including all information obtained on trends in health and fitness. Interview an employer, a parent, or another adult to discuss how health of a family member would affect job performance. KEY QUESTIONS: How might these effects be controlled? What are some possible ways of dealing with health problems? What are some adjustments the family has to make in dealing with the problems? Divide the students into groups and have each group make a chart summarizing the effects of health problems on job performance. Included in the charts should be resources, ways of coping, and adjustments for family members. Have each group present its chart to the class. Contact a county extension office, the U.S. Department of Labor's Occupational Safety and Health Administration (OHSA), or a regional OSHA office to gather information

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	pamphlets regarding job safety and health protection for employees. Have students select one pamphlet to read and summarize for the class. KEY QUESTIONS: What is the Occupational Safety and Health Act? What are the employers' responsibilities? What are the employees' responsibilities? What steps are required for making a complaint against a company?

FAMILY/INDIVIDUAL HEALTH
HOMEMAKING II

COMPETENCY: *Relate public health to family/individual health.*

SUB-COMPETENCIES: *Identify major health concerns.*

Evaluate situations affecting community health.

Analyze community health issues.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
A. Community health 1. Major health concerns	Have students bring to class articles on current health concerns from recent editions of newspapers and magazines. Examples include: malnutrition, heart disease, stress, water pollution, air pollution, noise pollution, teenage pregnancy, child and elderly abuse, drug/alcohol abuse, aging society, cancer, teenage suicide, anorexia nervosa, bulimia, deaths due to automobile accidents, drunk driving, etc. Have the students prepare a collage of articles on a bulletin board. Discuss the health concerns with the students. KEY QUESTIONS: Are any of the concerns discussed evident in your community? What can you do as an individual to reduce the risks of these health concerns in your community? Ask students to select one of the topics listed above, research it further in the library, and write a one- to two-page report. KEY QUESTIONS: Why is it important for the individual and/or family to be aware of these concerns? How does each concern affect family/individual health? What can the individual and/or family do to reduce the risk of each concern? How does a family member with a health problem affect family interaction? What opportunities does family illness create for drawing together? Pulling apart?
2. Community health concerns	Discuss with students the health issues in your community. Issues may include a disease epidemic, teenage pregnancy, high cancer rate, high teenage suicide rate, high infant mortality rate, high heart disease rate, water pollution, water scarcity, air pollution, noise pollution, high cost of health care, teenage curfews, child car restraint laws, drunk driving laws, etc. KEY QUESTIONS: How do these situations affect community health? How do they affect family/individual health? What is being done to prevent or correct the problem? What can the individual and/or family do to prevent or correct the problems? As a take-home project have students work individually or in groups to investigate how the community is dealing with one health concern. KEY QUESTIONS: What are the main issues of each health concern? How many illnesses, injuries,

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	or deaths are occurring because of each problem? Where do the funds come from to support the movement to correct each problem? When did the community begin to take action against the problem? Has the government passed legislation to control the problem? Has improvement occurred since the action was taken? Select a major health concern in your community and invite a guest speaker or panel of guest speakers to discuss the problem with students. Ask the speaker to include the effects of the problem on family/individual health, community health, what is being done to correct the problem, and what the individual can do to reduce personal risks. Suggestions for guest speakers include: medical professionals, insurance agents, police officers, highway patrolmen, representatives from a community health organization or committee, etc.
4. Community health services a. Blood banks	Conduct a class field trip to visit a local blood bank, if possible. If none operates in your community, obtain information from the nearest blood bank. KEY QUESTIONS: Who can donate blood? Who cannot donate blood? Is the donor paid? How much? How often can a person give blood? Does it matter what type of blood the donor has? Is the person receiving the blood charged for it? How much? How long can the blood be stored? Is it processed in any way before being stored? What is blood plasma? Invite a representative from a blood bank or local hospital to speak to the class. An interview by phone might be tape recorded with the consent of the person being interviewed. KEY QUESTIONS: How much blood needs to be on hand? How much is used on the average day? How soon can a supply be obtained if a special type is needed? What are the hazards associated with blood transfusions?
b. Volunteerism	Have students identify and list health-related agencies in your community that use volunteers. Have students select one agency and find out how many employees they have. KEY QUESTIONS: How many of their employees are volunteers? How many hours per month do the volunteers work? How much would it cost the agency if they had to pay salaries for these workers? Would services have to be cut if money was spent on workers? Report findings in class. Have students contact the United Way for a list of agencies that are partially or fully supported by donations from the community. How many of these agencies are related to family/individual health? How many of these agencies use volunteers to provide their services?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Plan an FHA/HERO project to provide volunteer assistance to a community project related to family/individual health. Examples of service projects are: summer camps, or park recreation projects for kids, fingerpainting young children for identification purposes in case of abduction, delivering meals for Meals on Wheels, etc.

COMPETENCY: *Provide appropriate home care for various illnesses.*

SUB-COMPETENCIES: *Identify signs of illness.*

Describe the causes, symptoms, transmission, and prevention of communicable diseases.

Plan for provision of home care of various illnesses.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
B. Home care for various illnesses 1. Signs of illness	Ask students to read references on recognizing the signs of illnesses. Discuss with the class indicators of physical or emotional illness. Include: general appearance, mouth, nose, throat, eyes, voice, skin, appetite loss, weight loss, sleep irregularities, fever, pain, fatigue, weakness, pulse irregularities, respiration irregularities, nausea, vomiting, diarrhea, urinary problems, anxiety, depression, and obsessions. KEY QUESTIONS: How does the body signal the onset of illness? How do visible changes in body parts or functional changes in body processes indicate physical or emotional illnesses? Why is it important not to ignore the warning signals?

Following the discussion, have students prepare a chart of recognizable signs of illness. Display the chart in class. An example follows:

LOCATION	SYMPTOMS
Mouth	Bleeding gums, bad breath, discolored tongue, tooth cavities
Throat	Swelling, redness, spotting, soreness

Invite the school nurse or another health professional to discuss the various signs of illness for which the professional looks. The students should prepare questions regarding health symptoms to ask the speaker. The questions can be written and turned in to the speaker before the class begins. KEY QUESTIONS: How does one decide whether or not a doctor should be consulted? Why is it important not to ignore warning signals for health problems? What are the symptoms of some common health problems?

Discuss situations where home care would be preferable to hospital care. Include estimates of current hospital care costs. Ask students to suggest other reasons that families or individuals might prefer home care. What are some other alternatives to hospital care?

2. Communicable diseases a. Common types	Ask students to define "communicable disease." Discuss the impact of communicable diseases on societal wellness. KEY QUESTIONS: How does wellness relate to the

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	concept of good health? What is the difference between health and wellness? Provide resource materials such as books, pamphlets, and periodicals for students to read. Information concerning the common types of communicable diseases should be reviewed and summarized in a brief written report. The more common types include: measles, influenza, mumps, tuberculosis, colds, chicken pox, infectious mononucelosis, viral hepatitis, and pneumonia. Discuss the reports in class. KEY QUESTION: How do the communicable diseases affect family/individual health? Use Teaching Aid 25 on How Communicable Diseases Spread to prepare slips of paper for the name of each communicable disease. Also prepare slips with the brief disease descriptions and place both sets of slips in a container. Include only as many slips as you have students. Each student will draw one slip. The students will then match their slip to the slip of another student having the corresponding term or description. After matching the pairs, review and discuss. Other communicable disease names and descriptions may be added, if necessary.
b. Causes and transmission	Have students study how communicable diseases are spread. Review and discuss the following types of transfer: direct contact, indirect contact, airborne transfer, and vector transfer. On separate sheets of paper list one type of disease transmission and give one to each of four groups of students. Have the groups list examples of ways the transfer may occur from the method named on their sheet of paper. Examples include: drinking after another person, sneezing, kissing, use of contaminated articles, exposure to certain animals, etc. Have each group report to the class and discuss ways to avoid or decrease the transmission of communicable diseases. Ask students to define "disease carrier." In class discussion include information on the following three types of carriers: (1) healthy carrier–never contracts the disease personally, but can transmit the germs to other persons; (2) incubative carrier–has the disease in its early stage and symptoms are not apparent yet, and (3) chronic carrier–has had the disease and recovered, but can still transmit the disease to another person.
c. Symptoms	Have students look for a chart on communicable diseases. Ask them to study symptoms listed and try to determine two or three symptoms that are common to almost all communicable diseases. A chart is included on pages 568-585 in *Family Health and Home Nursing* by the American Red Cross. The students can search for common

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	symptoms individually or in groups. KEY QUESTIONS: If fever, pain etc., are common to so many communicable diseases, how can you be certain what you have? If you know you have been exposed to a particular disease, what preventative measures can you take to avoid contracting the disease?
	Discuss ways in which an individual shows that he/she is in pain. KEY QUESTIONS: Are there different signs of pain for infants and adults? What is the significance and importance of pain? What symptoms should you report to the physician about an illness?
	Use Teaching Aid 26 Communicable Disease Symptoms and have students match symptoms to the appropriate diseases. This may be used as an evaluation instrument or as a learning activity. ANSWERS: 1. J; 2. B; 3. I; 4. D; 5. K; 6. A; 7. F; 8. G; 9. C; 10. E; 11. H. Discuss the answers with the class. KEY QUESTIONS: Will all of the symptoms appear with the disease? Why is it important to have a physician diagnose the disease? What are some possible complications that may result?
d. Prevention and treatment	Write the following diseases on the chalkboard: chicken pox, common cold, strep throat, infectious mononucleosis, influenza, measles, mumps, food poisoning, tetanus, and hepatitis. Leave space to the right of the list of words for two additional columns. Head the additional columns Prevention and Treatment. Have students read through resource materials in the classroom or in the school library to determine the prevention and treatment of each of the diseases. After they have gathered the information write it on the chalkboard in the appropriate column. Discuss how individuals can protect themselves against disease.
	Have students develop a list of guidelines to follow in order to prevent common communicable diseases. KEY QUESTIONS: Why is it important for an individual/family to keep up-to-date immunization records? Which of the communicable diseases can a person be immunized against? What are other forms of prevention?
3. Home care of the sick a. Monitoring vital signs 1) Normal and abnormal temperatures	Use Teaching Aid 27 on Temperature Facts as a handout or transparency and discuss normal and abnormal body temperature. KEY QUESTIONS: What factors affect the body's temperature? What is the average body temperature? What is the best time of the day to take the temperature? When is the temperature likely to be highest? lowest? What method provides the most accurate reading of body temperature? How long should the thermometer be held in place to obtain a true reading?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Display the different types of thermometers. Use an oral thermometer and demonstrate how to read the temperature. Students can practice taking their own temperature following instruction on proper sanitary procedures for cleaning and sterilizing the thermometer in isopropyl alcohol. KEY QUESTIONS: Why will the temperature of students vary? How many students have temperature that is below normal? How many students have temperature that is above normal? What is the danger level of temperatures? How high should a temperature reach before a doctor is consulted?
2) Pulse rhythms and rates	Ask students to read references about the pulse and pulse rates. Discuss the meaning of pulse and pulse rates. KEY QUESTIONS: What is the normal pulse rate for adults? for infants? What factors influence the rate? What causes the pulse rate to increase temporarily? What causes the rate to decrease temporarily? Where are the two most common points to obtain a pulse rate? Demonstrate in class how to take the pulse rate by counting heart beats for 15 seconds and multiplying by four. Ask each student to construct a chart as follows: A. Resting pulse rate _____ B. Rate after exercise _____ C. Rate after music _____ D. Rate after sudden noise _____ E. Rate in morning, before rising _____ F. Rate in evening _____ Each student should take his or her own pulse rates and fill in the chart. Review the charts in class the following day. Discuss the variances in the rates each person records.
3) Respiration rates	Ask students to find definitions of the following terms: respiration, rapid respiration, shallow respiration, and difficult respiration. Discuss the definitions and the role respiration plays in the body. KEY QUESTIONS: What factors increase the rate of respiration? What is hyperventilation? What should be done for a person who is hyperventilating? Instruct students how to obtain their rate of respiration by counting the rise and fall of the chest for one minute. Using a watch/clock with a second hand, have students

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	measure their rate of respiration for one minute. Set up the following circumstances: (1) Announce that you are giving a pop quiz and have students take out a piece of paper. Then have the students take their respiration rate. (2) Cancel the pop quiz and discuss respiration for several minutes before having the students take their respiration rate again.
4) Blood pressure ranges	Ask students to read materials on blood pressure before class. Discuss blood pressure, systolic pressure, and diastolic pressure. KEY QUESTIONS: What is normal systolic pressure for men? for women? What is normal diastolic pressure for men? for women? How often should blood pressure be checked? When should blood pressure be checked? What factors can lead to a false blood pressure reading? Invite the school nurse to come to the class and take each student's blood pressure. The nurse should discuss high and low pressure and measures that a person can take to return pressure to normal. Ask the nurse to also discuss the answers to the following KEY QUESTIONS: What is high blood pressure? What is low blood pressure? What causes these conditions to exist? How can an individual control high or low blood pressure? What is normal blood pressure for the students' age group? What do the two numbers in the blood pressure relate to?
b. Administering medications	Distribute a copy of Teaching Aid 28 on the Do's and Don'ts for Medications to each student. Discuss the information on the handout. KEY QUESTIONS: Why is it important to know how to take/give medications? Why must the doctor know about all medications that a patient is taking? Can you think of additional do's or don'ts that could be included on the list? Discuss the reasons for the do's and don'ts on the handout. Have the students research the topic of drug and food interactions. As a group students can compile the information into a chart or poster. Information should also be gathered on drugs that do not mix. Information can be obtained from physicians, pharmacists, pharmaceutical companies, the Food and Drug Administration, magazine articles, etc.
c. Providing care 1) Making beds	Demonstrate and have students practice in class how to make a bed with and without a patient in it. KEY QUESTIONS: How should the patient be moved to make the bed? What supplies are needed to make the bed? Why is it important that the bed be properly made? What are the purposes of each of the items required for making the patient's bed? Have students develop an outline of procedures for making the bed with and without a patient in it.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Have students list and discuss situations where it would be necessary to make the bed with the patient remaining in it. KEY QUESTIONS: What steps are taken to keep the patient safe and comfortable? Can one person alone make a bed when a patient is in it?
2) Patient hygiene	Have students develop a daily schedule of patient hygiene for: (1) a bed-ridden patient, and (2) a patient who is able to get out of bed. Each schedule should include: wash hands and face; shave (men); brush teeth; comb hair; give or take a tub, shower, or sponge bath; care for hands, feet, nails, etc. KEY QUESTION: What sanitary procedures should the caregiver follow when working with the patient?
	Have students read and discuss elements and procedures for patient hygiene. Students should learn general procedures for: washing hands and face of patient; brushing teeth; and giving tub, shower, and sponge baths. Assign students to write on the chalkboard the procedures for each of those tasks. KEY QUESTION: Why is it important that the procedures be followed?
3) Physical care	Ask students to develop a schedule for physical care of the patient. Schedule should include: backrub, changing body positions, relieving pressure points, exercise, and stretching muscles. KEY QUESTIONS: What factors should be considered when doing these tasks? What procedures should be followed for each task? What is the purpose of each task?
	Have students discuss as a group the importance of daily physical care of the patient. KEY QUESTION: What are the reasons for physical care other than the patient's comfort?
4) Social/emotional needs	Have students work in groups to list and discuss the social/emotional limitations for the following situations: heart attack patient, stroke victim, child who has had a tonsilectomy, person with broken leg, person after eye surgery, person with terminal illness, person who is partially or fully deaf, and elderly person with broken hip. How would these limitations affect the social/emotional needs of each patient? How can the caregiver compensate for these limitations? What activities would be appropriate for the patients under these circumstances?
	Have students brainstorm and develop a list of activities for the patient. What activities would be appropriate for bed-ridden patients? for wheelchair patients? Have students create a poster on "Patient Recreation." The poster should include suggested activities for the social/emotion-

al needs of the patient. Activities suggested should be appropriate for the physical limitations of patients.

Ask students to develop a list of guidelines to follow in selecting activities that will meet the needs of patients and not exceed their limitations. Have the students include information gained from several resources.

COMPETENCY: *Provide home care for a handicapped family member.*

SUB-COMPETENCIES:

Identify characteristics associated with various handicaps.

Describe care required by persons with various handicaps.

Identify resources available to the handicapped.

Describe family adjustments when a family member is handicapped.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
C. Home care for a handicapped family member	
1. Characteristics associated with various handicaps	Have students brainstorm and list characteristics associated with various handicaps. Write the characteristics on the chalkboard. Beside each characteristic listed indicate, with a check mark, those that are associated with only one particular handicap. Are any of the characteristics listed associated with all handicaps? Ask students individually to write a description of the characteristics they associate with a particular handicap. After the information has been written, divide students into groups and have each group compile information into a flip chart. Have students discuss the relationships between the characteristics described on the various flip charts. Discuss some possible ways of dealing with the characteristics associated with handicaps. KEY QUESTIONS: What effects would these characteristics have on the handicapped person? What effects would these characteristics have on the family of the handicapped person?
2. Care required for various handicaps a. Physical therapy at home	Have students read information on physical therapy in current references such as *Family Health and Home Nursing* by the American Red Cross. KEY QUESTIONS: What is physical therapy? How does active physical therapy differ from passive physical therapy? Who determines the type of exercise needed and the frequency and length of the exercise sessions? What are range-of-motion exercises? Who can administer the physical therapy? Who can demonstrate and teach the techniques? Divide the class into five or six groups and have each group study one or two specific range-of-motion exercises that could be required in home care of a physically handicapped person. Ask each group to have one or two students demonstrate how the exercises could be carried out. Assignments may include exercises for: neck, shoulder, elbow, forearm, wrist, fingers, thumb, hip and leg, knee, ankle, and toes. Discuss in class the importance of physical therapy in treatment of patients who have had strokes. Emphasize that a stroke victim's recovery of motion is influenced by the amount of damage to the brain and the quality of the

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	rehabilitation. The patient's future independence may hinge on the patience and perseverance of the person assisting with the exercise therapy. KEY QUESTIONS: How many people in the U.S. suffered from strokes in the past year? What are the warning signs of an impending stroke?
b. Professional physical therapy	Discuss the roles of various professionals in care of the handicapped. Include the Physical, Medicine, and Rehabilitation Specialist, and the Physical Therapist. KEY QUESTIONS: What educational level is required for each profession? Which professional makes the diagnosis? Which one administers the therapy? Where does the therapy take place? If available, view a film, on professional physical therapy or invite a guest speaker who works in rehabilitation to discuss therapy with the class. Ask students to prepare questions to be answered prior to the class. Films may be available on loan from rehabilitation centers, the State Department of Health and Welfare, or Educational Service Centers.
3. Resources for the handicapped a. Rehabilitation	Take the class to visit a local rehabilitation center, if possible. When arranging the field trip, ask that someone show the students the equipment used in physical therapy and explain how it helps the patients. Have students find out how the center is funded, if the patients are charged for the services, and how often they must attend therapy sessions, etc. Ask students to consult the Yellow Pages to determine where physical therapy or rehabilitation is available in the community. If it is not available, discuss where patients have to go to receive rehabilitation services. KEY QUESTIONS: How could high school students help? Are opportunities to work as a volunteer available? Do any camps for handicapped youth need volunteers? any nursing homes?
b. Agencies	Invite a guest speaker from a social service organization or a state agency that works with the handicapped to speak to the class on the resources their organization provides for the handicapped. Prior to the class session, have the students write questions to ask the speaker. The questions can be given to the speaker prior to the discussion or the students can ask the questions directly. KEY QUESTIONS: What financial resources are available? Who can receive the services? How does the handicapped person become aware of these services? Does the organization provide any kind of support services for the family members of the handicapped person? What is the source of

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	funding for the organization? What percentage of its funding is directed at resources for the handicapped? Does any of the funding go for research on the handicapping condition or disease? Use Teaching Aid 29 on Resources for the Disabled to discuss organizations that provide services for the handicapped. Have each student research one or more of the organizations and give a brief oral report answering the following KEY QUESTIONS: Who can obtain the services? How are the services obtained? What financial resources are available? Does the organization offer a support group or service to members of the handicapped person's family? Where is the organization located? Is the organization local, state, national, or international? Have students work individually or in groups to consult persons in your community representing various support systems for the handicapped and their families. The local Social Services Department may be able to give students names, addresses, and telephone numbers of organizations that provide support services. The students can present the information in a short oral or written report. KEY QUESTIONS: What types of support are provided? Is any financial support available? If yes, what types and what amount?
c. Appliances	Have students brainstorm and list various aids that can be used to help a handicapped person. List aids associated with various handicaps such as blindness, physical impairment, or mental handicap. Some examples of aids include: walking canes, walkers, handrails, ramps, wheelchairs, crutches, leg braces, Braille books, guide dogs, tapes, etc. KEY QUESTIONS: Where would these aids be obtained? What would the cost be? Can any of the equipment be rented if the handicap is temporary? What would the rental fee be for a wheelchair, for example? Have students look through resource materials such as magazines, newspapers, catalogs, and books to learn about care and aids for the handicapped person. The students should make a list of the common aids available for physical handicaps. Write a brief description of each of the aids that includes how it is to be properly used. If illustrations can be cut out of the resources (magazines, catalogs, or newspapers from home), have the students include them with the description of the aids.
4. Home and family adjustments	Have students describe problems which may occur in families with a handicapped member. KEY QUESTIONS: How can the handicapped member alter family interaction? What are some ways of dealing with stress associated with

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	having a handicapped family member? How may family roles change when a family member becomes handicapped? Have students point out ways a family support group can help a handicapped person overcome feelings of uselessness and depression. After the discussion have the student construct a bulletin board with the theme of "Family Adjustments." The bulletin board can be evaluated on creativity as well as content. Divide students into groups and have the groups role play some family adjustments associated with a family that has a handicapped member. Topics might include: common fears that families of the handicapped person experience, how to deal with these fears, adjustments that family members may have to make, etc. If possible, invite a person who is handicapped and/or a person who has a handicapped family member to speak to the class. Their discussion might include adjustments that their families have had to make, resources in the community that they have used, and any support systems that they have utilized. The person may be able to expand on the benefits from the support systems to the family members as well as to the handicapped person.

COMPETENCY: *Identify career and job opportunities related to family/individual health.*

SUB-COMPETENCY: *Describe professional job and career opportunities related to family/individual health.*

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
D. Career and job opportunities related to family/individual health 1. Professional careers	Have students look through local newspapers and newspapers from other towns and cities to determine health related jobs (health maintenance, traditional health care, and home health care) that are available. Discuss any of the specifics of the jobs that are disclosed in the position announcement. After the discussion have the students compile a list of jobs to be used in developing job descriptions in another learning experience. KEY QUESTIONS: How many jobs are advertised in the papers? What are some of the typical job openings? Where are the positions located? Divide students into small groups and have them review reference materials from the previous activity to obtain information on careers in the health field. Have students develop job descriptions for entry-level, skilled, and professional positions in the field. Have the group include the following information: job title, duties and responsibilities, educational training needed for the position, and skills and competencies needed. Have students analyze their interest in these jobs as a career. Use the job descriptions developed in the previous activity or obtain job descriptions from resource materials. KEY QUESTIONS: How much training would be required for each job? How long would the training take? What would it cost? Where could the training be obtained?
2. Career advancement	Invite an employer or personnel director of a family/individual health related organization to speak to the class on careers and career advancement in the health field. Have students write questions to ask the guest speaker including the following KEY QUESTIONS: What are some of the typical entry-level positions in the field? What skills and competencies do employers look for in the people they hire? What are the duties and responsibilities of these positions? What are the possibilities for career advancement? What is a typical promotion path? What are the average salary ranges for positions in the health field? Is on-the-job training provided? What are the educational requirements? Students should write a one-page report on career advancement based on information given by the guest speaker. Have each student interview a professional in the field of family/individual health. Each student should interview a

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	different person and, if possible, the people interviewed should be in different positions on the career ladder. Information to be obtained from the person interviewed includes: typical jobs available that are related to family/individual health, career path(s) that can be followed in the organization, and how many openings are available each year. The students may compile the information into a short oral or written report. Have the students work as a group to develop a chart of a career advancement path in the family/individual health related field.

FAMILY/INDIVIDUAL HEALTH
HOMEMAKING III

COMPETENCY: *Relate public health to family/individual health.*

SUB-COMPETENCIES: *Describe factors contributing to world health problems.*

Identify public health organizations.

Describe methods for providing a safe environment.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
A. Public health related to family/individual health 1. World health problems	Ask students to bring to class articles on world health problems from newspapers or magazines. Have students give brief oral reports on the articles. KEY QUESTIONS: How many articles are related to food or nutrition problems? How many are related to other factors? Divide the class into four groups and assign research topics as follows: Group 1–Population Growth; Group 2–Societal Factors; Group 3–Climate, Environment, and Natural Resources; and Group 4–Economic Factors. Have the groups find information on how their assigned topic relates to world health problems. Allow 1-3 days for students to complete work outside of class. Reports should be limited to about 5 minutes per group with time allowed for questions and discussion. Extra credit could be given for groups developing and using maps, charts, pictures and/or recent statistics in their report. Discuss world health problems related to disease epidemics. Have students define the terms "epidemic" and "pandemic." KEY QUESTIONS: What diseases have historically occurred in epidemic proportions? Are vaccines and immunizations available in underdeveloped countries? For bonus credit students could read and report on one of the following diseases: influenza, cholera, typhus fever, malaria, typhoid fever, scarlet fever, and hepatitis.
2. Public health organizations a. International	Have students study references to find information on the international agencies sponsored by the United Nations. These agencies include: The Food and Agriculture Organization (FAO), the World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), and the United Nations Educational, Scientific, and Cultural Organization (UNESCO). KEY QUESTIONS: What is the major purpose of each organization? Which organization helps train teachers? Which organization focuses on controlling disease? Which organization is concerned with worldwide nutrition?
b. National	Ask students to develop a list of federal government agencies that are related to public health. KEY QUES-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	TIONS: Do any of these agencies have offices in your city or community? What services do they provide? How do the decisions made by these agencies affect your daily life?
c. State	Obtain a listing of state agencies and have students find and count all the agencies related to public health. KEY QUESTIONS: How many state agencies in your state are related to public health? What percentage of the tax dollar is spent in support of these agencies? Have each student write to a different state agency related to public health and ask for information on who they serve, what services they provide, and how the services can be obtained. When the information is received, have the students set up a permanent file for use by future classes. This information should probably be updated every 3-5 years. The *Texas Almanac* is a good resource for a list of agencies in Texas.
d. Local	Invite a representative from the local health department or another public health organization to visit the class and discuss available services. KEY QUESTIONS: What are the responsibilities of the local health department? Is the director appointed or elected? How is the unit funded? Who is eligible for the services provided?
3. A safe environment a. Over-population	Have students read information on world population growth. Discuss how soaring population growth decreases resources and ultimately affects the quality of life for everyone. KEY QUESTIONS: How long does it take for the world population to double? How long can present food resources support this rate of population growth? What obstacles prevent the obvious solution by birth control? Discuss the fact that the United States currently has only 5 percent of the world's population, but uses about 35 percent of the world's nonrenewable resources. KEY QUESTION: How can people be encouraged to conserve the world's resources?
b. Air pollution	Have students find, read, and report on information regarding air pollution. Topics which should be addressed include: carbon monoxide; hydrocarbons and nitrogen oxides; sulfur oxides; particulates such as pollen, spores, soot, and dust of asbestos; aerosols and ozone; and temperature inversions. Discuss the reports in class. KEY QUESTIONS: What effect does air pollution have on health? Is air pollution considered a major or minor health hazard in the United States? Explain.
c. Water pollution	Ask students to study the major provisions of the Federal Water Pollution Control Act Amendment of 1972 and the

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Safe Drinking Water Act of 1974. Discuss the provisions of these acts in class. Have students develop a bulletin board or poster on the water cycle showing how water constantly moves from land and sea into the air and back again. KEY QUESTIONS: What is the difference in surface water and ground water? Approximately how much water do American farmers use each day to irrigate crops? What are three sources of water pollution? Ask students to answer the questions on Teaching Aid 30 regarding Water Pollution in Your Community. Then have a speaker from the local water department visit the class and answer the questions. Give the speaker a copy of the questions prior to class so that he/she can be prepared. Ask the speaker what citizens can do to assist the water department in assuring a safe water supply.
d. Land pollution	Discuss in class the topic of land pollution by nuclear waste disposal. KEY QUESTIONS: How are nuclear waste disposal sites selected? How is agriculture affected in the area of the site? What safety provisions are required? Assign two groups of students to debate the positive and negative aspects of pesticide use in agriculture. Give the students two days time for preparation before conducting the debate in class. An agriculture teacher or the County Extension Agent should be able to provide current resources on this topic.
e. Noise pollution	Discuss noise pollution and its harmful effect on health. KEY QUESTIONS: What effect does a constant high noise level have on work efficiency? Can hypertension and emotional stress be related to noise pollution? Have students study references to identify sources of noise levels above 80 decibels. Remind students that levels above 80 decibels can result in partial or complete deafness if exposure is prolonged. KEY QUESTIONS: What household equipment creates noise levels above 80 decibels? What transportation sources create hazardous levels of noise? What can you do to control noise pollution?
f. Mother Nature–friend or foe?	Have students select a "Mother Nature" topic for individual study and a written report. Have students choose topics from the following list: sunburn, frostbite, heat stroke, insect stings, mountain sickness (high altitude), the dangers of lightning, etc. Students' reports should include information on the hazards of their topics, prevention techniques, and first aid treatments for cases where prevention was not possible.

COMPETENCY: *Provide home care for an elderly family member.*

SUB-COMPETENCIES:

Identify physical, mental, and emotional changes occurring in the aging process.

Describe the physical care needs of the elderly.

Identify safety equipment needed by the elderly.

Evaluate health care options for elderly persons.

Describe family adjustments related to living in an extended family.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
B. Home care for an elderly family member 1. Aging process a. Social aspects	Ask students to define "elderly." Compare definitions. KEY QUESTIONS: At what age does "aging" begin? When is "middle-age"? To what age range does the term elderly apply? Discuss the concept of the "graying of America." Include statistics as follows: in 1970 only 9.8% of the total U.S. population was 65 or over; projections by the Census Bureau are that in 1985 the percentage 65-and-over will be 11.7% and by the year 2000 the 65-and-over group will total 12.2%. KEY QUESTIONS: As the group of older Americans increases in size, what changes may occur? Will retirement age change? Will families return to a form of extended family living or will the generations live separately? What contributions will this group make to society? Bring to class news articles regarding activities in which senior citizens are engaged. Include jobs, hobbies, and volunteer services such as foster grandparent programs, teacher aides, etc.
b. Physical changes	Have students view Teaching Aid 31 on Common Physical Changes During Aging. Study resources or other available references to find information on how elderly people adjust to these changes. Discuss the suggestions in class. KEY QUESTIONS: Would any one person experience all the physical changes associated with aging? Would all persons experience physical changes to the same degree? Have students brainstorm and list physical changes they have noticed in grandparents or elderly friends. KEY QUESTIONS: What changes have caused the greatest problems? How are the changes being dealt with? Are the physical changes you have observed due to biological reasons or are they the result of an illness or accident? Discuss the importance of activity and exercise related to physical changes during the aging process. KEY QUES-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	TIONS: What factors should be considered before beginning any exercise program? Why is maintaining physical activity important for the elderly? What are some exercises and activities appropriate for the elderly?
c. Emotional and mental changes	Have students talk with an elderly acquaintance or relative in the community. Ask about some of the emotional changes they have experienced. KEY QUESTIONS: What are some common feelings and emotions among elderly people? Does everyone experience similar emotional or mental changes? How does good health or poor health influence the emotional and mental change? Have each student share information with the class. From selected reading assignments, have students list symptoms associated with emotional and mental changes of the elderly. The list may include restlessness, sleeplessness, clouding of consciousness, disorientation, delirium, confused behavior, depression, anxiety, loss of memory, loss of concentration, reduction of physical activity, delusions, antisocial behavior, vagueness, and incoherence. KEY QUESTION: How are these problems related to home care of the elderly? Discuss problems in class.
2. Physical care needs of the elderly a. Food and nutrition	Have students find information and make a chart showing the calorie needs and the protein, carbohydrate, vitamin, and mineral requirements of the elderly. Compare the requirements to the requirements for the average healthy adult. KEY QUESTION: Are each of these requirements reduced or increased with age? Explain. Have students view Teaching Aid 32 on Elderly Dietary Requirements. Discuss each factor. KEY QUESTION: Why do these factors tend to influence dietary requirements with age? Discuss with students the decreased need for calories in the diet of the elderly. Have students study resources for additional information and then have each student develop a one-week diet plan for an elderly person. Compare the weekly diet plans in class. KEY QUESTIONS: How is diet for an elderly person different from the diet for a middle-aged person? What other factors may influence the eating habits of elderly persons?
b. Clothing	Discuss how the changing shape of the body due to the aging process influences clothing selection styles and patterns for the elderly. Explain the effect of decreased manual dexterity in clothing choices of the elderly. Examples include: zippers and buttons in the back may be difficult to use; ties may be a problem for someone with limited use of one arm, etc.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Discuss clothing styles that facilitate the use of equipment such as walkers or wheelchairs. How could the addition of pockets attached to the equipment be useful? Ask students to suggest other adaptations that might be made to facilitate use of equipment to aid walking.
	Ask students to look through catalogs or pattern books and select a dress, pant, and shirt or blouse design that would be appropriate for an elderly person. Have each student show one selection and explain why the design is appropriate.
	As an FHA/HERO or class service project, have students make wheelchair or walker pockets for patients at a local nursing home. In addition, clothing renovations or adaptations could be done for the elderly including changing back opening garments to front openings, or changing button or tie closures to Velcro, etc.
c. Exercise	Ask students to study information in references on exercise for the elderly. In class develop a list of factors to be considered in planning exercise for the elderly. Then have students list appropriate exercises and activities. A bulletin board could be developed showing examples from the lists.
	Ask each student to develop an exercise schedule for an elderly person. KEY QUESTIONS: Should the exercise be strenuous? Should it be done daily?
d. Medical	Ask students to brainstorm and list problems that the elderly may encounter in obtaining medical care. Then have students list possible solutions to the problems.
	Invite a speaker to give the class current information on Medicare and Medicaid. Have students prepare questions in advance. KEY QUESTIONS: How much assistance with medical and hospital bills is available to the elderly? Must a deductible be met? If so, how much is it per person? At what age does the Medicare/Medicaid coverage begin?
	Have students find, read, and report to the class on a current magazine or newspaper article that deals with medical care for the elderly. Some articles may deal with projections for the future. KEY QUESTION: What family trends and/or health care trends may affect health care of the elderly as the percentage of elderly in the U.S. population increases? Discuss.
3. Safety equipment for the elderly a. Bed and bath equipment	Discuss bedrooms for the elderly. KEY QUESTIONS: What items could increase safety? Should side rails be used on the bed? Should small rugs be used? What special needs of an elderly person would require special safety features?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	How could help be summoned, if necessary? Is a night light available? Are light switches easily reached? Have students make a list of the safety features for bath equipment for the elderly. KEY QUESTIONS: Is a shower more desirable than a tub? Why? Is a standard size bathroom wide enough to accommodate a wheelchair? Where should handrails be installed? Would a telephone be necessary if assistance was needed? Visit a recently constructed retirement facility, if possible, and observe the features incorporated for safety in the bedrooms and bathrooms. Ask if the equipment is available for home installation and how expensive it is.
b. Wheelchairs and other aids	Review the physical limitations that may accompany the aging process. Limitations may include: weakened back or leg muscles, decreased eyesight and hearing capacity, decreased manual dexterity (grip, strength), or paralysis due to stroke or disease. List these limitations on the chalkboard. Beside each one, ask students to identify daily tasks such as personal hygiene, food preparation, household management, etc., that may be affected by each limitation. Suggest ways to increase task performance efficiency or reduce the possibility of accidents. Aids may include short-handled brooms, tongs for reaching and gripping, carry-all baskets, security grab bars, adjusted work surfaces, etc. Borrow a wheelchair, if possible, and have students take turns sitting in it while doing simple tasks such as getting a drink of water, turning lights on or off, opening a door, going through the door, closing the door, etc. Discuss the safety features the wheelchair has. Ask students to suggest ways to increase ease and safety in use of wheelchairs, walkers, crutches, etc.
4. Day care	Have students refer to Teaching Aid 33 on Service Available for the Elderly. KEY QUESTIONS: What arrangements would need to be made for an elderly person to become involved or associated with the services listed on the teaching aid? What are the costs of such services? Are day care services for the elderly available in your community? What other types of services are available?
a. Center for elderly	Have students work in groups to plan a day care center for the elderly. Consider what services should be offered, who the recipients would be, what the care would cost, and what recreational or social activities could be provided. Also consider how large a staff would be needed, whether or not part of the staff might be volunteers, and a convenient location for the center. Ask each group to describe its plan for a day care center to the class.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
b. Visiting nurse	If available, invite a visiting nurse to class to describe the duties she/he performs. KEY QUESTIONS: What responsiblities are associated with being a visiting nurse? What are some advantages of having a visiting nurse rather than a family member take the responsibility for the care of an elderly family member? Have students read selected references or other resources to determine other types of services provided through visiting health professionals. KEY QUESTIONS: What are the costs of these services? Who can obtain the services?
5. Housing options a. Selecting housing	Discuss considerations affecting selection of housing to meet the needs of the elderly. KEY QUESTIONS: Is the person able to live independently? Is transportation available at a reasonable cost if the person does not drive or own a car? Are shopping facilities for food and clothing easily accessible? Is the house or apartment in a safe neighborhood? Is security provided? Will the house or apartment be easy to care for? Is space available for guests? What will utilities cost? Is yard maintenance provided or available? Are ramps available? Is the living space all on one level? Is the cost within the budget requirements of the elderly person on a fixed income? Provide several small house and apartment floor plans for the class to evaluate. Divide the class into groups and ask each group to appoint a spokesperson to report its evaluation to the class. Ask the groups to decide if the plan is suitable for an elderly person and explain why. This activity will be more meaningful if a fact sheet is provided with each floor plan. The fact sheet can give background information on the person seeking the housing, the environmental situation, and a few specific facts to lead students to a choice.
b. Adapting the home	Have students evaluate their own home for possible adaptations to facilitate independent living for an elderly family member. Present brief reports to the class. Ask students to study references for suggestions of practical, low-cost ways of adapting a home to meet the needs of an elderly family member. Compile a list of suggestions in class. Discuss the list of suggested home adaptations. KEY QUESTIONS: Could the family do the work themselves? What would the supplies or equipment cost? If hired labor is required, what would be the charge per hour?
c. Living in an extended family	Have each student define "adjustment." KEY QUESTIONS: How does "adjustment" relate to the family that is adding an elderly family member to the home? What are some potential problems in adjusting to an extended family situation?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Have students write a personal adjustment they would have to make in their present lifestyle if an elderly family member moved into their home. Have the papers turned in without names and discuss the situations in class. Present Teaching Aid 34 on Family Adjustments in an Extended Family. Discuss each topic as it relates to extended family living from the viewpoint of the elderly person and from the viewpoint of the nuclear family.

COMPETENCY: *Provide home care for a terminally ill family member.*

SUB-COMPETENCIES: *Describe emotional reactions to a "terminal" diagnosis.*

Describe the importance of attitude in terminal illness.

Identify adjustments in living with a terminally ill family member.

Outline the stages in the grief process.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
C. Home care for a terminally ill family member	
1. Emotional reactions to a "terminal" diagnosis	
a. Patient reactions	Define the word "terminal." Discuss the facts and opinions concerning the treatments of a terminal illness, such as the view that the life of the terminally ill patient is hopeless or worthless. KEY QUESTIONS: What are the common images, feelings, and words usually associated with a terminal diagnosis? In what ways can "terminal" be related to the life-death process of everyone? Why does a terminal diagnosis have a negative connotation in most cases?
	Identify with the class commonly felt emotions such as contentment, despair, happiness, anger, jealousy, fear, sadness, and anxiety. List and discuss occasions when each emotion may be experienced. KEY QUESTION: What emotions may be felt by an individual with a terminal diagnosis? How do surrounding circumstances affect the emotional reactions? Discuss.
	Copy Teaching Aid 35 on Patient's Rights and cut into eight sections. Give each student or group of students one slip of paper describing one right. Discuss each patient right in relation to the patient's emotional or physical health, financial concerns, and family situation. Identify ways in which the patient's rights could affect decisions regarding treatments, medical staff, and hospitals.
b. Family reactions	Collect resources about adjustments to terminal illness diagnosis. Read various situations about individuals and families confronted with "terminal" diagnosis and ways in which they adjusted. Ask students to identify common phases of acceptance or resistance that may accompany adjustment. KEY QUESTION: How may emotional expression vary among family members?
	Discuss the common responses that patients and family members often experience when a "terminal" diagnosis is given. Include: denial, anger, bargaining, depression, and acceptance.
2. Importance of attitude	
a. Positive attitude	Put the word "hope" on the chalkboard. Ask students to identify words, thoughts, or feelings associated with hope. Review the suggestions. Discuss ways in which hope and

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	the suggested associations influence terminally ill individuals and their family members. KEY QUESTIONS: What are ways in which people gain, achieve, and maintain hope?
	Introduce the concept of "attitudes." Then arrange the class in an inner-outer circle. The inner circle person will talk 1-2 minutes about personal attitudes toward illness. When time is up, the outer circle person will talk 1-2 minutes. After this interchange ask the outer circles to move three places to the left. Repeat the interchange with a new partner. Once the interchanges are complete, discuss the types of attitudes most commonly associated with illness, the influences attitude might have on physical health, and the number of positive and negative attitudes expressed.
	Discuss the various medical reactions to terminal patients. Reactions might include: an increase or decrease in specialized care, an increase or decrease in attention extended by the attending doctor or nurse, and an increase or decrease in the level of communication between patient and medical personnel. KEY QUESTION: How could positive and/or negative feedback affect the patient and the family?
b. Family support	Discuss the importance of family support during a terminal illness. Chapter 10 in *Family Health and Home Nursing* by the American Red Cross contains valuable information on death and dying. Have students read this or another reference. Discuss the need for openness and honest discussion among family members.
	Invite a minister or a priest to discuss death with the class. Ask questions related to the support role of family members. Have the speaker address how to deal with the guilt that some people experience following the death of a family member.
3. Support services	Ask a hospice representative to visit the class to explain the program and ways in which it aids families. If a hospice guest speaker is not available, collect materials from a hospice organization and other organizations such as the American Cancer Society. Have students outline and discuss the services provided by each organization.
	Discuss the support services provided by groups for persons who have had a loss. Often these groups are sponsored by churches. Have students determine if any similar groups exist in your community.
4. Family adjustments	On the chalkboard write Family Adjustments to Terminal Illness with subheadings of: Mental and Emotional, Financial, Role, Social, and Environmental. Discuss in class and

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	have students determine specific adjustments that might be necessary under each subheading. Discuss with the class the difficulty of making decisions when under the mental and emotional stress of caring for a terminally ill family member. Point out that the situation may be even more traumatic if the dying person is the family breadwinner. Brainstorm with students and list persons who might be called upon to counsel with family members in the categories of adjustments listed in the previous learning activity.
5. Stages in the grief process	Distribute Teaching Aid 36 on The Grief Process for Family and Friends. Discuss with the class. Have students list the emotional responses common to the grief process following the death of the ill family member. Discuss the length of the grief process and have students suggest ways to support a person going through the grief process. KEY QUESTION: Are the emotional responses in the grief process the same or similar to those experienced by a patient who receives a terminal diagnosis?

COMPETENCY:

Identify career and job opportunities related to family/individual health.

SUB-COMPETENCIES:

Outline procedures for home health care providers.

Analyze business practices for home health care providers.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
D. Career and job opportunities related to family/individual health 1. Home health care providers	From selected references have students read about the characteristics a person should have in order to work sucessfully as a home health care provider. Have students list the characteristics and suggest other ideas and opinions about characteristics relating to home health care. Have each student summarize, in a paragraph, the characteristics needed for a home health care provider. Divide students into groups and have each group develop a case study of the responsibilities and duties of a home health care provider. Determine how patience, understanding, and knowledge of home health care relate to a home health care provider. Have each group present its report to the class. If available, take a field trip to a visiting home nurses' center or social service that aids in home health care. Find out what resources are available for home health care. Determine factors relating to employability as a home health care provider. Have each student prepare a short report on employability opportunities and qualifications as a home health care provider. Project needed home health care services not currently offered by local providers. Present a film or filmstrip describing home health care and the responsibilities of a home health care provider. Films should be available from a local health department or social service. Following the viewing of the film have each student define and list the responsibilities of home health care providers. Discuss what training would be necessary and where the training is offered.
2. Business procedures	Conduct a field trip to a local nursing home or day care center for the elderly. Have students observe business procedures being used that are important to the success of the establishment. Find out who in the community can give advice to persons interested in setting up a business. Have students identify essentials that relate to the success of a business in family/individual health. View Teaching Aid 35 on Essentials for Business Success in Family/Individual Health. Have students brainstorm and add other factors they think are important to the success of a business. Explain why these factors are important.

FAMILY/INDIVIDUAL HEALTH
SEMESTER COURSE

COMPETENCY: *Promote and maintain family/individual health.*

SUB-COMPETENCIES: *Identify characteristics of a healthy person.*

Promote principles of good personal health.

Outline ways to meet physical, emotional, and mental health needs of family members.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
I. Family/individual health A. Characteristics of a healthy person	Have students write a want ad for either a physically fit, emotionally stable, or mentally alert individual. Students should describe or suggest characteristics of the individual such as cleanliness, posture, positive dispositions, etc. When the ads have been completed and each health area has been included, compile the ads and paste onto newsprint. Label the paper as a Healthgram or a title appropriate to your school. The students can then read the paper and discuss the desired characteristics of a healthy person.
1. Physical	Collect pictures from advertisements which depict products or services promoting sound physical health and/or habits. Ask the students to discuss the advantages of the product or services being promoted. KEY QUESTIONS: How do the costs compare to the end product? Does good health attainment have to cost a lot of money? In what ways is physical fitness a commodity?
2. Emotional and mental	Seat the class around the chalkboard for discussion. Under each student's chair, place one index card which identifies either a characteristic of an emotionally mature person or a characteristic of an emotionally immature person. In turn, ask students to pick up the card under their chair and read the characteristic on the card. Ask that a situation in which the characteristic may be evident be identified. An example might be the immature display of egotism at a party. Suggest ways in which the behavior may be negative or positive, increased or decreased. Using the chalkboard, write each behavior characteristic in the appropriate column on a chart similar to the one below.

BEHAVIOR CHARACTERISTIC	IF POSITIVE, LIST WAYS TO INCREASE	IF NEGATIVE, LIST WAYS TO DECREASE

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Then, in the appropriate columns, list ways to increase positive behaviors and ways to decrease negative behaviors. Remind students that an immature characteristic may be a result of one's age or degree of responsibility, not necessarily abnormal development. Define *mental development.* KEY QUESTIONS: What effects do stress, tension, and emotional conflicts such as anxiety have on one's mental health? What role does age have in relation to mental health? What is the relationship between emotional stability and mental health? between physical fitness and mental health?
	Ask students to complete the Mental Time Line worksheet found on Teaching Aid 37. At each four-year interval the students are to write a life event that left an impact on their mental development. Impacts may include learning to ride a bicycle, beginning school, a friendship, participation in clubs, athletics, scholastic events, family influences and changes, and work. Students are then to identify the effects of each impact. Effects can be positive or negative and may include a variety of outcomes. Effects may involve acceptance or denial of other people and ideas; establishment of personal thoughts, feelings, and goals; realization of responsibilities to others; or acquisition of knowledge. After completion of the time lines, ask the students to share some experiences beginning at age four and advancing. Discuss the impacts and effects in relation to family, school, community, and environmental conditions.
B. Principles of good health 1. Nutrition	Ask students to list the foods and beverages consumed in the last 24-hour period. Snacks should be included in the list. Have students assign each item to one of the five food groups, and then compare the daily intake of foods and beverages to the recommended number of daily servings. Students can refer to food group charts found in textbooks. KEY QUESTIONS: What do the comparisons suggest about the daily consumption of foods and beverages? Was breakfast a balanced meal, an unbalanced meal, or was breakfast skipped? Why is it important to eat a good breakfast? Discuss ways in which the daily diet can be modified in order to increase the supply of nutrients.
	Identify the seven dietary guidelines for Americans as developed by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (USDA) to help people make prudent dietary decisions. The seven dietary guidelines are: 1) eat a variety of foods, 2) maintain ideal weight, 3) avoid too much fat, saturated fat, and cholesterol, 4) eat foods with adequate starch and fiber, 5) avoid too much sugar, 6) avoid too much sodium, and 7) consume alcohol only in moderation. Ask students to discuss ways in which each guideline can affect improvement of health. KEY QUESTIONS: Can food alone make you healthy? What factors other than proper nutrition can

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	affect health? (Factors can include lifestyle, personality, heredity, environment, and attitudes). Show the transparency on Teaching Aid 38 Label Lingo and discuss the nutrition labeling information required by the Food and Drug Administration. In addition, ask students to define: *unit pricing* (price per item or per unit of weight), *national brands* (sold across the entire country, have considerable advertising, and are usually higher priced), *regional brands* (sold in one region or area of the country, but not everywhere), *private label brands* (supermarkets put their own labels on goods which usually sell for less than highly advertised brands), *no-brand* or *generic brands* (plain labels which give only required information and usually cost less), *product dating* (date on food packages indicating which items have been there the longest), *pull date* (date of the last day the item should be sold but it still allows time for perishable foods to be taken home, stored, and used), and *expiration date* (date usually a year or more in the future which means canned food will be of good quality until that date or later). KEY QUESTIONS: How is the label information significant to people concerned with nutrition and health? Does a higher price indicate better nutritional content? How can unit pricing help you determine the best buy for your money? How can the product dating information be used at home?
2. Rest	Explain how sleep is essential for good health. Discuss the following benefits of sleep: relaxes the muscles and gives the body a chance to get rid of waste products that collect in muscles as cells turn food into energy, mends and replaces cells, and builds up a fresh supply of oxygen resulting in a refreshed and energetic body. Ask students to define *insomnia* (inability to go to sleep). Point out the causes of insomnia. These causes include: worry, tension, anxiety, going to bed hungry, eating a heavy meal before going to bed, noise, environmental problems, irregular bedtime, pain, leg cramps, jet lag, illness, and medication or drug abuse. KEY QUESTIONS: What bodily functions change during the resting periods? How can this affect emotional health? How can this affect the energies available for other activities? What causes insomnia? Why is rest considered a principle of good health? Have students brainstorm to list factors that affect the length and/or quality of rest. Discuss ways in which the factors can be handled to result in more or better rest. KEY QUESTIONS: How might regular retiring and waking hours improve rest? What can you do to cure insomnia? Suggestions to induce sleep might include: retire at the same time each night and wake at the same time each morning, even on weekends; read a book; watch a dull

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	television show; take a warm bath; relax muscles with a few stretching exercises; exercise during the day, but not right before going to bed; try rhythmic breathing; concentrate on a single word like "one" to help you get drowsy; think of something pleasant instead of worrying; avoid substances containing stimulants such as caffeine and nicotine, including chocolate and carbonated beverages which contain caffeine; avoid afternoon naps; and if you can't sleep, get up and do something–don't work at falling asleep.
3. Exercise	Ask students to bring to class a resource article from a magazine or newspaper on the subject of exercise. As each article is reported discuss the exercise program in terms of the suggested benefits, types of exercises, time required, effects on mental and social health, and the relation of the exercise to other aspects of living such as school, occupation, and family. KEY QUESTIONS: Why is adequate exercise important in maintaining physical fitness? How does physical fitness affect the way you feel about yourself? Should a doctor be consulted before you start a vigorous exercise program? Why? Why is exercise considered a principle of good health? State a plan that will help you improve your physical well-being.
	Arrange a field trip to a local health spa or gym, or ask students to look through magazines and newspapers to find ads or articles for fitness equipment. Identify commonly used pieces of equipment which strengthen muscle tone and/or stamina. Some examples include: *stationary bicycles* which improve heart fitness and help to build stronger leg muscles, *weight machines* which use pulleys attached to weights to help build stronger muscles, *jump ropes* which build the heart and leg muscles, and *minitrampolines* which strengthen the heart and leg muscles when used for jogging in place, skipping rope, dancing, or doing calisthenics while bouncing up and down. Discuss how *passive equipment* (equipment which does all the work) such as whirlpool baths, vibrating massage machines, and roller machines will relax you but will not help you to become more fit. Discuss how *active equipment* which requires the person to do the work leads to physical fitness. KEY QUESTIONS: What are some exercises and equipment you could include in an at-home fitness program? Examples: clothesline cord cut to the right length for a person's height will work as well as an expensive jump rope, cans of food or books can be used as weights, a chair can be used as a parallel bar, and a regular bicycle can be converted to an exercise bike. Why should an exercise program have a warm-up period, an exercise period, and a cool-down period? Why should you begin an exercise program gradually? How can exercise help you? Relate exercise to good health.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Invite an aerobic exercise instructor to visit the class and discuss the exercise merits of aerobics. Ask the instructor to involve the class in a few simple, rhythmic routines or exercises. Students who have taken aerobic exercise classes might assist the instructor. Point out that aerobic exercise classes are available not only in health spas, but can be found in gym centers, community centers, and at the local "Y." The lessons are also on a variety of tapes and records for use at home. KEY QUESTIONS: Why do individuals like aerobic exercise classes? Does the fact that music is often involved influence how people feel about exercise classes? Does the fact that people are participating in a group activity influence their attitude about exercise classes?
4. Hygiene	Ask each student to individually identify habits or tasks which promote physical health by completing the chart on Teaching Aid 39 Habits and Tasks for Physical Health. Areas may include: body cleanliness, hair care, face care, diet, exercise, clothing care and care of teeth, mouth, and breath. Students can list the habits or tasks and indicate their performance of these habits or tasks by checking always, sometimes, seldom, or never. Students should also indicate how often the habit/task is performed. Discuss how maintenance of health is important. KEY QUESTIONS: How can you improve in the areas marked "sometimes" or "seldom"? How do you plan to put into action the health habits or tasks marked "never"? How do personal hygiene practices affect good health?
	Have students work individually or in small groups to prepare reports on maintaining good grooming habits. Suggested topics for the reports include: hair, nails, teeth, body, clothing, make-up, posture, poise, muscle control, and nutrition. Students might use charts, pictures, role-play, demonstrations, transparencies, etc., with their reports. Be sure to set a time limit for the reports. KEY QUESTIONS: How can knowledge of grooming principles contribute to the improvement of personal appearance, self-confidence, and social acceptance? How does your personal appearance indicate to others how you feel about yourself? How can poor posture hinder good health? How does bodily cleanliness contribute to good health and good looks? Why is it important to have well-groomed hands and feet? How can you improve your skin care habits? Is clean, healthy, attractive hair essential for good grooming? Why? Why should your height and figure be considered when selecting a hair style? What factors should be considered when selecting make-up? How does grooming reflect the person you really are? What influence does good health have on an attractive appearance?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
5. Routines	Discuss with students how regular routines contribute to good health. Under the heading, "Positive Wellness Routines," list on the chalkboard the health routines suggested by students. Routines should include regular bedtime and amount of sleep, regular meals which include breakfast, routine grooming habits, dental checkups and doctor's visits, planned exercise, etc. KEY QUESTIONS: Why are regular routines a principle of good health? Are routines contributing to good health individualized or are they the same for everyone? Do routines become so much a part of your life that you perform them without thinking about them? Do you consistently follow routines or are they a once-in-a-while occurrence? How can you encourage yourself to establish and follow routines that will promote good health? How do the routines established when a person is young affect that person in later years?
C. Family health needs 1. Physical	Lead the students in a discussion of the basic physical needs (needs for air, food, water, elimination, activity and rest) which all individuals must meet in order to live. KEY QUESTIONS: How are these basic physical needs met by the family? Why does your physical existence depend on the basic needs? Divide students into four groups representing ages 0-5, 6-10, 11-14, and 15-18. Ask the students to discuss and identify the physical care parents give children at that age. Have the groups share their ideas. KEY QUESTIONS: How do family resources such as skills, time, energy, equipment, and money help to meet the physical needs of food, clothing, shelter, and health care? In what ways can families produce at least part of their own needs? How does proper care of food save money and prevent food-borne illness? How does proper care of clothing prevent the spread of illness and prevent allergic reactions to laundry products? How does care of the home help prevent illness? How do food, clothing, and shelter contribute to the physical well-being of family members?
2. Mental	Discuss with students the four psychological needs (need for mental activity, need to love and be loved, the need to feel worthwhile, and the need to believe in something). Have students brainstorm to identify ways people attain and use knowledge. Explain the differences in the emotions of children, teenagers, and adults. KEY QUESTIONS: How do families provide opportunities for learning? How do families reinforce the cognitive development of their members? How do families encourage development of decision making? How do families encourage children to learn to take responsibility for their decisions? Have students brainstorm and make a class list of the ways parents, other adults, and siblings contribute to the men-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	tal health of family members. KEY QUESTIONS: How do families provide emotional rewards, reinforcement, love and acceptance? How can families aid in the acceptance of personal and family triumphs and crises? How do families require and instill loyalty in their family members and loyalty to the family itself? How does loyalty relate to emotional development? What evidence can you give of your need for mental activity? How can healthy emotions be encouraged in the family? How can the family promote mental health?

COMPETENCY: *Promote and maintain family health protection.*

SUB-COMPETENCIES: *Outline principles for maintaining family health and safety.*

Evaluate factors affecting family health decisions.

Propose ways to prepare financially for illness or accident through insurance coverage and savings.

Show how to maintain family health records.

Describe adjustments to family health problems.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
II. Family health protection A. Maintain family health and safety 1. Physical needs a. Housing	Have students work individually or in small groups to identify needs met by housing. Needs should include shelter, protection, psychological satisfaction, safety, security, and comfort. Have students compare and discuss the needs and the feelings stimulated by housing. The following feelings or their opposites can be stimulated by housing: security, independence, happiness, pride, well-being, comfort, isolation, etc. KEY QUESTIONS: Are housing needs related to the individual interpretation of the housing situation? How do the needs vary according to culture, tastes, personal priorities, feelings, family, attitudes toward self, job, and money? How can one's feelings be affected by housing? How does housing help to meet one's needs? Arrange for students to participate in a field trip of housing located in the vicinity of the school. Different types of housing such as single family dwellings, apartments, duplexes, town houses, mobile homes, etc., should be included in the field trip. Students might also visit model homes in new construction housing developments. Ask students to determine the possible physical and psychological effects on occupants of the various types of housing seen. Ask students to discuss how the homes make them feel, both the pleasant and unpleasant feelings. KEY QUESTIONS: Which type of housing makes you feel safe and protected from the unknown, fulfills your need for privacy, and gives freedom for family members to develop their interests and do the things they enjoy doing? What characteristics of housing contribute to your feelings? How does housing with warm knotty pine, plush carpeting, and bright upholstery fabrics affect you? Would you prefer a rustic setting with old but sturdy furnishings, reused lumber from old barns, and objects collected over the years? Why?
b. Food	Have students brainstorm in small groups to list the physical needs which food fulfills. Students can compare and discuss their lists. KEY QUESTIONS: What physical needs

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	needs are met by food? What potential problems might occur if food is used as a reward? Have students study a chart of the Recommended Daily Allowances of nutrients for various age groups. Discuss the functions of various nutrients. KEY QUESTIONS: How do sex and body size influence nutrient needs? Why do children need more of some nutrients than adults? How do the nutrients needs of pregnant women and nursing mothers differ from the nutrient needs of other adult females? How can a family be sure that each family member is getting the nutrients he or she needs? Which nutrients do athletes need to provide the extra energy they require? Invite a nutritionist to class to present data on the nutritional status of the community. Information regarding increased life expectancy and impacts of nutritional deficiency for pregnant women, developing individuals, adults, and the elderly can be discussed. KEY QUESTIONS: What kind of diet promotes a healthy old age? How can good nutrition begun early in life help extend the prime of life and slow physical decline? Why do many persons with good intentions maintain undesirable or poor health habits? What plan of action do you have for changing an undesirable or poor health habit that you have been intending to change for some time? Why are premature births and babies with low birth weight more common when women have poor diets during or immediately preceding pregnancy?
c. Clothing	Discuss situations that could occur during a year in which the type of clothing worn would be fulfilling a physical need. KEY QUESTIONS: Why is it necessary to understand the role of clothing in meeting physical needs? How are comfort and health affected by clothes? How could internal and external temperatures affect clothing choices? How might posture, disposition, and health be affected by continually wearing shoes with little support: sneakers, high heels, shoes without stockings and shoes that are too tight, too short, or too loose? Discuss the implications of age and the physical role of clothing. Point out the psychological effects which clothing may have on the elderly, handicapped, and the ill. KEY QUESTIONS: What are the clothing needs of the ill, the elderly, and the handicapped? Why are garments with jackets and easily accessible openings desirable for elderly persons? How does comfort of clothing relate to health? Why is appropriate and becoming clothing often a defense against aging?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
2. Mental needs a. Factors affecting mental health	Guide students in gaining a better understanding of mental health. Discuss how emotional needs are based on receiving love, affection, and acceptance from parents in the early years of life. On the chalkboard, write the words "mental health" followed by equal marks (MENTAL HEALTH =). Ask students to individually list on the chalkboard what they feel or think mental health is equivalent to. For example, a student might list: WELL ADJUSTED =. Ask students to discuss their agreement or disagreement, significance rankings, and positive or negative reactions to the equivalencies. As each equivalency is presented, each student should determine whether the equivalency is gained through individual growth and development, family background, economic or social status, peer pressures, or through other means. KEY QUESTIONS: How would you describe a mentally healthy person? (Students can compare their descriptions of mentally healthy person with the Characteristics of a Mentally Healthy Person on Teaching Aid 40). How are our own emotional needs best fulfilled? Discuss ways to prevent an emotional problem. Ways include: keep your emotions under control (keep tension under control by having a balance of work, sleep, relaxation, and activities in your life), talk it off (let off steam to a sympathetic listener), think it off (consider both sides of the problem and try to see the other person's viewpoint), or work it off (work out emotions by pulling weeds, jogging, participating in sports, etc.). Discuss why it is important to see both sides of a question, the difference between becoming angry and in losing your temper, and how making mature decisions and achieving emotional independence are related. Have students compile a list of specific factors for developing good mental health. Students should include factors such as: enjoy the things you do, accept yourself and others, learn to deal with frustrations, recognize the importance of proper use of leisure time, and accept things that cannot be changed. Ask students to compare and discuss the factors for developing good health. KEY QUESTIONS: How do you keep your emotions under control? How can healthy emotions be encouraged in the family? How does being a responsible teen help you achieve emotional independence from parents and other adults? How can you work toward maintaining good mental health? How does physical health relate to mental health?
b. Freedom from excessive emotional strain	Define *stress*. Stress may be defined as a pressure or a strain we feel and can be good or bad depending on how we cope with it. Discuss the emotional signs of stress. These signs include being: bored with school or work, uninterested in what's going on, cranky or hard to get along with, depressed, restless, or unable to stick with what you

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	are doing. The book *Home and Career* published by the Home Economics Curriculum Center, Lubbock, Texas has activities for recognizing signs of stress and coping with stress. KEY QUESTIONS: Are you aware of stressful situations in your life? Is stress the same for all individuals or does it differ?
	Ask students to write on index cards events or situations in their lives that cause positive or negative responses to stress. On other cards have them write the type of response that usually accompanies each stress. A cause of stress might be a forthcoming exam which influences college entrance. The negative stress response may be physical such as insomnia or emotional such as restlessness. A positive stress response might be the incentive to prepare more for the exam. Place the stress cards in one basket and the stress response cards in another. Read the stress cards first. Discuss possible situations in which this kind of reaction would result. Read the stress response cards. Have students analyze and link the corresponding cards, observing the possible combinations of stresses and reactions. The significance of pinpointing negative or positive reactions can be discussed along with the idea that stress is a behavioral response which people as well as animals experience. KEY QUESTIONS: At what point does stress become strain? Can stress be eliminated from our lives? Does everyone need a little stress? Can stress motivate you to get things done?
	Define and explain the function of *defense mechanisms*. Defense mechanisms can be defined as the means that we use to cope with *anxiety*. Discuss ways in which we all need and use defense mechanisms daily to maintain our mental health and well-being. Ask students to define the following defense mechanisms: *compensation, daydreaming, fixation, identification, rationalization, reaction formation, projection, regression, repression, sublimation, substitution,* and *suppression*. Encourage students to use textbooks and dictionaries for definitions. Have students compare their definitions and give examples of using the defense mechanisims. KEY QUESTIONS: Is an individual usually aware or unaware of using defense mechanisms? Which defense mechanisms do you feel you use most often? When do you use defense mechanisms? How does the manner and extent to which defense mechanisms are used serve as a barometer of a healthy personality?
3. Safety needs and accident prevention a. Home	Lead a discussion on the safety needs of the family. List home safety tips on the chalkboard as students identify them. The home safety tips should include those on the following list as well as others that the students name: 1) unplug electrical appliances when not in use; 2) do not overload circuits; 3) remove clutter from traffic paths;

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	4) wipe up spills on floor immediately; 5) mark all poison, medicine, and cleaning substances and store out of children's reach; 6) throw away unused hazardous materials; 7) put knives, needles, and other pointed objects away when not in use; and 8) do not leave candles, cigarettes, or cigars burning unattended. Have students describe unsafe situations they have observed. Discuss solutions for the unsafe home situations. Discuss how the health of family members may be affected by an unsafe home. KEY QUESTIONS: Where do most accidents in the home happen? Why? How might you mark a bottle of poison so that it can be identified in the dark? Why should the home medicine storage be kept locked or secured, especially when there are young children in the home? Use Teaching Aid 41 Home Safety Tips as a handout. Ask the students to decode the statements relating to home safety tips. Example: *FOR THE CODE:* 1. 9473 87 774557 66 843 35667 46633428359 *THE ANSWER IS:* 1. Wipe up spills on the floor immediately. When each statement has been decoded, review the implications of each safety tip. Students can work individually or in small groups. The answers to Teaching Aid 40 are: 1) Wipe up spills on the floor immediately. 2) Put knives, needles, and other pointed objects away when not in use. 3) Throw away unused hazardous materials. 4) Do not leave candles, cigarettes, or cigars burning unattended. 5) Do not overload circuits. 6) Mark and store all poison, medicine, and cleaning substances out of children's reach. 7) Remove clutter from traffic paths. 8) Unplug electrical applicances when not in use. KEY QUESTIONS: Should each family member assume responsibilities for safety in the home? Why? What can you do to prevent accidents in your home? Show a transparency of the unsafe home on Teaching Aid 42 Home Safe Home? Ask the students to view each room, then one-by one identify each hazard and the potential for injury. Discuss changes that could help alleviate danger. KEY QUESTIONS: Have you observed or read about an accident at home that occurred because of neglect or carelessness? How could the accident have been prevented? What can you do to make family members more aware of safety in the home?
b. Car	Lead students in a discussion on the automobile and its influence on the family. Have students brainstorm to list ways the automobile is used in daily family life. Teaching Aid 43 Managing Transportation Needs lists the physical and psychological transportation needs. (Additional

resources such as films may be obtained from the highway department.) Discuss the problem of providing a safe and efficient system of motor vehicle transportation to meet the needs of the American people. Discuss how this relates to the family. Consider how households are affected by problems such as deaths, injuries, convalescence, rehabilitation, loss of productive time, etc., which result from traffic accidents. KEY QUESTION: How have traffic accidents affected the lives of your family members, friends, or families in the community?

Have students view Teaching Aid 44 Bodily Injuries in Traffic Accidents to gain a better understanding of ways the human body is often injured in traffic accidents. Point out that the head, face, chest, and lower extremities are the parts of the body most frequently injured. KEY QUESTIONS: What part of the adult body is most frequently injured in traffic collisions? What part of the child's body is most often injured in traffic collisions? Why does the distribution of injuries sustained by adults as opposed to children vary according to their size, weight, and position inside the car?

Ask students to read and discuss the fairy tales on Teaching Aids 45-48 How Many Fairy Tales Have You Told? to gain a better understanding of the importance of wearing safety belts when an occupant in a car. The teaching aids can be used as handouts or as transparencies. Discuss laws regarding use of mandatory child restraint devices in automobiles and probable effects of these laws. Discuss other safe driving practices. Have students develop a list of safe driving practices. The practices should include the following, as well as others: use safety belt and shoulder harness; obey traffic signals; drive in an alert state; drive defensively; drive within posted speed limits, or as determined by traffic and weather conditions, etc.; give proper signals; keep eyes moving while driving; pass only when there is room to do so safely; watch the other driver; keep sufficient space between your car and other vehicles; and never tailgate the car in front of you.

Make the list available to all students. The list might be published in the school paper or it might be used for public service spots on local radio stations. The list of safe driving principles could be alternated with the list of medical services available in the local community and the list of community resources can help with mental problems (these lists were developed in previous activities). You might ask the driver education teacher to help interpret the program to other teachers and schools. KEY QUESTIONS: Why is a driver's attitude considered one of the most important factors in driver safety? Why is safe driving performance dependent on a knowledge of the state traffic

laws, the elements of the driving task, the physical laws that govern the operation of a car, and the physical and mental condition of the driver? Why must an effective driver be able to respond to a variety of unusual traffic conditions? Why is good physical condition a fundamental requirement for safe driving? Statistics show the highest death rate from traffic collisions between motor vehicles is in the over-75 and the 15-24 year old age ranges. KEY QUESTIONS: What reasons can you give for this? Why is it important for people to have correct information about safety belts and shoulder harnesses if they are to be encouraged to use them? What recent legislation has been passed to protect individuals and to achieve safer driving conditions? How can families encourage safe driving practices and still meet their needs for automobile use? Which safe driving principles do you practice the most? How does your mental and physical condition relate to safe driving?

c. Water

Write the following four column headings on the chalkboard: SANITATION, HEALTH, RECREATION, and ENVIRONMENT. Introduce the concept of water safety. Ask students to list individual and family needs for water under the headings on the chalkboard. Discuss: the water needs listed which are essential for life and good health, ways to meet the recreational water needs of family members and still maintain safety and prevent accidents, water pollution problems which affect water sanitation, and environmental conditions which affect water safety and sanitation. KEY QUESTIONS: What functions does water serve in maintaining health? How does water help you? How much water should a person drink daily? What might account for the rising number of drownings each year? Why do you think people who are boating fail to use a lifesaving device when a lifesaving device is available in the boat? Do you think it would be wise for all boat users to complete a first aid course in order to be able to handle water emergencies? Why? How does water sanitation relate to the health needs of individuals? How does the environment affect health? What do you consider the number one problem of individuals in maintaining water safety and preventing water accidents?

Explain to students that many current issues and problems concerning today's water pollution problems have been brought to the public's attention through the various news media. Point out that some of the issues have been controversial and have been studied in depth by the government. Some pollution problems discussed in the media which have developed in the past 50 years include: the outbreak of disease from shellfish taken out of polluted water; fishing and swimming areas closed because of industrial wastes and other pollutants; detergent foam found floating on the

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	surface of streams, rivers, and in the drinking water of some communities; pesticides and fertilizers in waterways; etc. Discuss solutions for controlling water pollution, such as modern sewage plants that treat and release sewage only when it is safe, enforcement of state laws, and water quality standards set by the federal government, etc. Ask students to use various news sources to prepare a speech presentation about a current article on water pollution that interests them. Encourage students to use props such as charts, posters, pictures, or real objects in the presentation. This speech presentation might be used in the FHA/HERO proficiency event as an illustrated talk to demonstrate the student's ability to creatively present the concepts and activities that deal specifically with issues affecting the quality of individual and family life. KEY QUESTIONS: Why does industry have a vital interest in conserving the country's water supply? Is there a water supply problem in your area? If so, what is being done about it? How does the pollution of water affect the health of individuals?
d. Fire	Have students read Teaching Aid 49 Preventing Home Fires to identify and discuss ways to prevent fires in the home. Ask students to discuss fire prevention devices for the home such as smoke alarms and fire extinguishers. KEY QUESTIONS: What are some precautions you might take to avoid fires in or around your home? What safety precautions should you follow when attempting to escape from a home fire at night? What should you do if your clothing catches on fire? Invite a representative from the local fire department to demonstrate the correct use of a fire extinguisher and to discuss fire safety. KEY QUESTIONS: What type of fire extinguishers are recommended for the average home? Should you have a fire extinguisher for grease fires as well as one for other types of fires? Or is there one type of fire extinguisher adequate for all home uses? How can individuals promote fire safety in their homes and in the community? How do you report a fire in your home? What information should be given when reporting a fire? Ask students to design a fire escape route for their home. KEY QUESTIONS: Where are the exits from your house in case of fire? Are front and back exits easily accessible? Have you discussed the fire escape route with family members?
4. Avoiding abuses of health	Lead a class discussion on the effects of cigarette smoke on the body. The following information should be included:

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
a. Smoking	hydrogen cyanide damages the lining of the bronchial tubes and lungs; carbon monoxide displaces oxygen from the blood and contributes to heart disease; and the tars in cigarettes contain cancer-causing substances. Point out that smoking has immediate negative effects on the body such as: damage to the lungs and trachea begins with the first cigarette and increases with continued smoking; the cilla in the respiratory tract are damaged leaving the smoker vulnerable to infections; the cells in the lungs grow abnormally large and excess mucus is secreted; the heart is stimulated to beat faster; the arteries and the blood vessels, especially in the extremities, are constricted; and the blood pressure rises. Discuss how the carbon monoxide and other pollutants in a smoke-filled room affect people. Point out that smoke causes eye irritation, coughing, allergic reactions, and headaches. Young children whose parents smoke have more respiratory infections. Persons with heart or lung disease are highly vulnerable in an involuntary smoking situation, and persons with bronchitis, asthma, or emphysema usually have worsened symptoms. KEY QUESTIONS: What are the effects of cigarette smoke on the body? What are the immediate physical effects of smoking a cigarette? What serious diseases are associated with the long-term effects of smoking? How might secondhand smoke harm nonsmokers? What are the rights of nonsmokers? How have the courts upheld the rights of individuals to have a smoke-free environment? Why is it difficult for most people to stop smoking? Invite a nurse or a respiratory therapist from a nearby hospital to speak to the class about the post-operative respiratory complications which concern physicians when they are dealing with a cigarette smoker. Discuss why many hospitals give a respiratory test to smokers after surgery. KEY QUESTIONS: Why does cigarette smoking increase the chance of post-operative respiratory complications?
b. Alcohol	Have the students view a filmstrip or study other information on the responsibilities of alcohol use. Define moderation in drinking. Identify health hazards related to drinking too much alcohol over a period of time. Include such things as cirrhosis of the liver, birth defects, nutrient deficiencies, a decrease in male potency, and obesity. KEY QUESTIONS: How many drinks per day are considered a "moderate" number? How rapidly can the body metabolize alcohol? If too many drinks are consumed, how long will the recovery time be? Does coffee really help sober up people who have had too many drinks? Lead the class in a discussion of the effects of alcohol on nutrition. Discuss the effects on appetite and absorption of nutrients, especially vitamins and minerals. KEY

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	QUESTIONS: How many calories are in one ounce of liquor or in 12 oz. of beer? Why is the term "empty calories" applied to the calories in alcoholic beverages?
c. Drugs	Have students use selected resources to learn the scientific and slang terms used to identify drugs which are frequently abused. Discuss how the use and the abuse of drugs affects the body and health of individuals. KEY QUESTIONS: How would you define drug abuse? Which drugs are often tried first? Which are the most addictive? Which are most likely to cause physical problems, mental problems, or death from an overdose? What are the risks to unborn children when parents take drugs? How long prior to a pregnancy might the drugs that were taken affect the unborn child? Ask a pharmacist to explain the use and misuse of OTC (over-the-counter) medicine. Discuss the importance of reading the labels on OTC remedies and the package inserts as well as the directions that come with prescription drugs. Discuss the importance of following the doctor's directions for taking drugs, avoiding certain foods or beverages while taking medications, and reporting unusual symptoms that follow eating particular foods when taking medication. KEY QUESTIONS: How can a pharmacist serve as a resource person for various types of drugs? Are all the drugs which can be abused illegal? Why is it dangerous to mix some medications, foods, and alcohol? Why is it important for a physician to know all the medications a patient is taking? What is meant by "over-medicated"? What are some necessary precautions in the use of sleeping pills? Which drugs have no medical purposes?
d. Fad diets	Lead a class discussion on fad diets. Define the word *fad*. Discuss the hazards to health in following fad diets which are not balanced and which often eliminate foods from one group to another. For example, the Beverly Hills Diet can cause severe diarrhea, potassium deficiency, and heart arrhythmia; the Cambridge Diet reduces calories to a level which can cause the body to burn lean muscle tissue (including the heart tissue) for energy. Discuss the limitations of any diet currently in vogue such as the new Herballife Diet. KEY QUESTIONS: What is a fad diet? Why is dieting big business? Do you know anyone who is currently following a fad diet? What are the limitations of the diet? Do you think the diet is harmful to the person's health? Ask students to compare the characteristics, advantages, and disadvantages of various fad diets including such diets as: The Complete Scarsdale Medical Diet, The Doctor's Quick Weight Loss Diet, The Stillman Diet, The Water Diet, The Pritkin Program, The Live Longer New Diet, The Maximum Weight Loss Diet (1978), The Permanent Weight

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Loss Diet (1981), The Woman Doctor's Diet for Teenage Fasting Diets, The Zen Macrobiotic Diet, The Mayo Diet, The Beverly Hills Diet, and The Liquid Protein, or The Last Chance Diet. A fad diet summary may be found in *Males in Home Economics* published by the Home Economics Curriculum Center, Texas Tech University. KEY QUESTIONS: Are the diets nutritionally balanced? If not, why? Why is following a fad diet likely to be hazardous to your health? This activity could be expanded by having students prepare a meal from a day's menu of one fad diet. Ask students to analyze the meal by using the Daily Food Guide. Have students suggest low calorie foods to improve the nutritive value of the diet and to determine the caloric value of the meal.
B. Family health decisions 1. Selecting health care professionals and services	Ask students to name the sources that an individual could go to for information when selecting a doctor. Examples include: telephone directory, consumer groups, friends, relatives, co-workers, neighbors, local medical society, hospital personnel, medical schools in the area, and recommendations from your present doctor if you are moving to another city. Have the students develop a checklist of criteria necessary for selecting a suitable doctor. The checklist should include the questions: Where is the office located? What are the office hours? What emergency services are provided? Is the office run efficiently and does the doctor keep on schedule? Are the doctor's examinations thorough and not rushed? Are understandable explanations given? Do you feel free to ask questions? Are the fees comparable to others in the area? What method of payment is expected? Does the doctor request a complete medical history? With what hospital is the doctor associated? Are routine procedures performed by a nurse, another professional, or an assistant rather than the doctor? KEY QUESTIONS: Why is it suggested that you select a physician when you are healthy? Why should an internist or a specialist in family medicine be selected as a family doctor rather than a surgeon, gynecologist, or other specialist? Should you choose a doctor solely on the recommendation of a friend? Explain your answer. Invite a physician to speak to the class on what to look for in a family physician, credentials of a good doctor, how you find out about those credentials, what to do if you do not like the specialist recommended by your doctor, etc. The students, as a group, might prepare a list of questions or concerns for the physician prior to the class presentation. Have students complete the worksheet on Teaching Aid 50 to identify Professional Medical Personnel. Students may use dictionaries and textbooks for needed information.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	There is space on the worksheet for students to list and define additional professional medical personnel. Ask students to share the definitions. (The worksheet can also be used as a test instrument.) Ask students to complete the professional medical personnel crossword puzzle on Teaching Aid 50. Check the answers and discuss the terms that prove to be difficult for students. Answers to the crossword puzzle are: ACROSS: 2. general practitioner, 5. orthodontist, 8. dermatologist, 10. obstetrician, 11. opthalmologist, 12. pharmacist, 13. dentist. DOWN: 1. family practitioner, 3. optometrist, 4. gynecologist, 6. pediatrician, 7. radiologist, 9. psychiatrist. KEY QUESTION: Why should individuals be aware of the professional medical personnel available in their community?
2. Deciding about medical treatment, drugs, and surgery	Assign students a research project to gain a better understanding of medical treatment, drugs, and surgery. The students can work individually or in small groups to complete the handout on Teaching Aid 51 Medical Treatment, Drugs, and Surgery. Several family medical guides, health resource books, and textbooks should be available for students' use. After completing the charts, students can compare and discuss the information found. Students can use dictionaries to define any words with which they are not familiar. Some ideas for information to be listed under the various headings on a chart titled MAJOR FIELDS OF MEDICAL SPECIALIZATION RECOGNIZED BY AMERICAN MEDICAL ASSOCIATION include: administrative medicine, anesthesiology, colon and rectal surgery, dermatology, internal medicine, neurological surgery, obstetrics and gynecology, opthalmology, orthopedic surgery, otolaryngology, pathology, pediatrics, physical medicine and rehabilitation, plastic surgery, preventive medicine, psychiatry and neurology, radiology, thoracic surgery, urology, etc. (This could be expanded into another learning experience by having each student report on one area, including the description and subspecializations of that area). Other chart titles and information could be: SELECTING A SURGEON–certification, second opinions, skills, hospital association, personal characteristics important to client, availability, experience, costs, etc.; PRE-OPERATIVE PREPARATIONS diet alterations, hospitalizations, lab tests, injections, hygiene, etc.; SURGICAL TEAM MEMBERS AND FUNCTIONS– surgeon (a specialist who treats diseases through operative measures), anesthetist (a person who administers an anesthetic to effect a loss of consciousness or a loss of sensation in a specific location), etc.; POST-OPERATIVE PROCEDURES–medication for pain relief, deep breathing, sleeping medications, bladder and bowel movements, intravenous feedings, intensive care units, visitor restrictions, etc.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
C. Financial considerations for illness and accidents 1. Savings	Have students identify the ways a personal savings plan might be a hedge against the financial costs of illness or accidents. Discuss the advantage or disadvantage of each way listed and compare each to health insurance. Explain the reasons people choose to protect against risks with a personal savings plan. Discuss how the variation of personal priorities and/or goals, type of occupation, state of health, size of family, amount of income, leisure activities, and personal loss experience affect the decision to retain risks or transfer risks. KEY QUESTIONS: How does a system of personal priorities and goals affect financial decisions regarding illness and accidents? Why are possible illnesses and accidents considered threats to family security? Have students work individually or in small groups to prepare a report on ways to save money. Topics for reports might be: bank accounts, savings and loan associations, government savings bonds, credit unions, IRAs, etc. Encourage students to contact the financial establishments in the community for current information. Students can present the reports to class for discussion. KEY QUESTIONS: Why should savings be planned? What usually happens with sporadic savings? Why do most individuals feel more secure if they have money saved to help pay for any emergency which may arise?
2. Insurance	Have students read Teaching Aid 52 Health Insurance Policies so they can compare the basic types of coverage in health insurance policies. Summarize the features of each policy. Address coverage of pre-existing conditions and waiting periods when taking out new coverage. Discuss why group insurance rates are lower than individual insurance rates. Point out the things a person should find out before signing a health insurance policy such as: What are you insured against? How much are you insured for in case of accident or illness? Under what conditions will benefits be paid? What is the amount of the premium? When is the premium to be paid? KEY QUESTIONS: What is the advantage of having health insurance coverage? Which is a better buy, group health insurance or an individual policy? Why? Ask students to interview a knowledgeable person about the cost of health care and the need for health insurance. Have each student select a person from one of the following groups to interview: physicians, nurses, insurance adjustors, hospital employees (e.g., business office personnel), or consumers. Students can report findings to class or prepare a written summary of findings. KEY QUESTIONS: What reasons can you give for the high cost of health care? How do you envision the cost of health care in the United States in the future?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Lead a class discussion on health maintenance plans which are available. Include information on HMOs (Health Maintenance Organizations) and PPOs (Patient Provider Organizations). HMOs are group plans where premiums are paid in advance, usually monthly, for comprehensive medical care by participating doctors and hospitals. PPOs are group plans where the employer or insurance plan contracts with a hospital or a group of physicians (the preferred providers) to furnish designated health services at prices that often are less than the going rate in the community. Patients have the right to see any doctor or use any hospital whether or not they are participating in the PPO. However, by staying within the PPO for medical services, patients avoid paying the standard deductible and co-payment (the 20% of total costs you usually pay while the insurance plan pays the remaining 80%). Discuss Medicare and Medicaid, the two government plans which also cover health maintenance. KEY QUESTIONS: How do HMOs and PPOs differ? What are advantages of the HMO and PPO plans? Why are PPOs particularly effective when there is an oversupply of physicians and low hospital occupancy rates? What factors should be considered when evaluating health maintenance plans? What are the two health maintenance programs paid for out of Social Security? Is the United States the only industrial nation without a comprehensive national life insurance?
	Invite a representative from an insurance company, lawyer, or a Social Security representative to speak to the class on the role of insurance and Social Security in meeting the needs of the ill or handicapped. KEY QUESTIONS: How do insurance and Social Security benefits help the families of the ill or handicapped? How is security provided upon the death or disability of the family's breadwinner?
	Have students work individually or in small groups to investigate resources in the community which are available to help people understand the crisis of financial responsibilities related to illness, handicaps, and disability. Resources in addition to insurance (disability insurance programs, salary continuation) and Social Security (disability benefits, benefits for minor children, medical assistance, and welfare) might be Veterans Administration (disability benefits), March of Dimes, Kidney Foundation, and the American Heart Association. Some of the students could also contact the local Chamber of Commerce to find out what other resources are available in the community for disabled family members. Ask students to list all the agencies offering services so they can be discussed with the class. KEY QUESTIONS: How does a family determine its health insurance needs? Do financial reasons such as the doctor's fee often keep people from calling a doctor

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	in hopes that the illness will pass? How might this actually increase costs? Does the expense of illness encourage the use of home remedies?
D. Family health records 1. Kinds of health records	Discuss the health records which should be kept by each family. Examples include: 1) *immunization record* showing doctors and dates of vaccinations, inoculations, boosters, tuberculin tests, and retests; 2) *medical record* showing any major illnesses and the date, plus the height and weight of the patient at the time of the illness; 3) *allergy record* showing allergies, medications, doctors, dates, and blood type; 4) *medical visitation record* showing doctors' names, dates visited, and reasons for visits; 5) *dental visitation record* showing name of dentists, dates visited, and reasons for visits; and 6) *hospitalization record* showing dates, hospitals, reasons for hospitalization, and names of doctors. KEY QUESTIONS: Why should health records be kept by each family? Why should health records be kept in a permanent form?
2. Maintaining records	Use Teaching Aid 53 Medical Records Information as a transparency or handout to give students a better understanding of how family health records might be kept and the importance of maintaining health records on a regular basis. The information illustrated could be place on index cards, ledger pages, or computerized as a permanent record to be updated as needed. Ask students to fill out the information needed for health records. Students might use a general information sheet similar to the teaching aid or they might start a health record system for their family. The records should be kept confidential and checked only to assure that the student has completed the assignment; the recorded information is for personal use of each student. KEY QUESTIONS: When should a person begin keeping a record of medical information? Why is it important to keep health records for each member of the family? In what situations would information from an individual's medical records be essential? How would a record of eyeglass or contact prescriptions be helpful? How often should health records be updated? How might family health records be of help to families who move to different communities? to families who have members treated by different doctors? to families when a physician stops practicing medicine? How can health records alert the family to immunizations that need a booster or renewal?
E. Family health problems 1. Physical health problems a. Minor health problems	Lead a class discussion on the types of minor health problems. Point out that even minor illnesses and accidents should not be ignored as they often develop into serious health problems. Discuss how diseases considered "childhood diseases" can lead to serious health problems. Ask students to form a class definition of the term *accident*. A possible definition could be: an accident is an unplanned,

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	unexpected, undesirable, or unfortunate happening which usually results in injury or death to a person or in damage to property. Explain that accidents are unplanned and that proper planning is the key to effective accident prevention. Have students view the data from the National Safety and Health Administration on the handout on Teaching Aid 54 Leading Causes of Death to study the leading causes of all deaths. Discuss how the annual loss of human life and resources caused by accidents is more than the loss by Americans in all the wars in U.S. history. Point out where accidents rank in the causes of death. KEY QUESTIONS: Do you know of an incident where a minor health problem turned into a serious problem because of neglect? What type of accident results in the most deaths? Why does the loss of human and economic resources make accidents one of the important social problems to plague the nation? What are the social and economic costs of accidents in your community for the past five years? (The data can be obtained from the local safety council.) Has your family been affected, either directly or indirectly, by these costs? Have students study the transparency on Teaching Aid 55 Factors Leading to Home Accidents to gain a better understanding of why we have home accidents. Discuss the factors which contribute to home accidents such as: attempting to perform tasks beyond the person's physical capabilities, lacking knowledge of proper procedures and possible hazards of tasks, performing a task beyond the person's skill, responding to tasks automatically as a habit, and possessing a negative attitude. Also discuss the possiblity of integrating safety into the philosophy of life of individual citizens the importance of maintaining a safe environment for the ill or disabled family member, and ways in which individuals can utilize safety measures in their everyday life as well as when administering family health care. KEY QUESTIONS: Why is the attitude of the individual one of the most important causes of accidents? How does unsafe behavior contribute to accidents? Do you think most home accidents can be avoided by eliminating human error and physical hazards? Why? How has the complexity of life in the twentieth century increased the need for accident prevention education? How has recent legislation enhanced the safety of citizens? What programs for integrating safety into the philosophy and everyday life of citizens does you community have?
b. Serious illness	Discuss with students the types of diseases (cancer, diabetes, heart and circulatory, arthritis and rheumatism, etc.) which usually create serious health problems. Discuss factors such as: a long illness is usually called a *chronic* illness; when recovering, the patient is *convalescing*, etc. Point out how the length of a person's illness, as well as the ailment

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	itself, has definite effects on relationships within the family. KEY QUESTIONS: How may attitudes of the person who is ill be affected? How may family members react to the illness? How can family members help the person who is ill cope with the illness? How can you personally help a chronically ill family member? Ask the students to express their feelings about serious family health problems by discussing the following statement, "If you have good health, you have everything." KEY QUESTIONS: Why is good health important? How does poor health affect other family members?
c. Resources	Divide students into small groups to investigate resources in the community which are available to help people withstand the crisis of serious illnesses. Community resources the students might investigate include: a vocational rehabilitation facility, city health department, health clinic, dental clinic, or ambulance service, hospital, etc. Students should find out what services are offered, eligibility requirements and charges. Students can share their findings in class. KEY QUESTIONS: What resources are available in your community to help people withstand the crises of financial responsibilities related to illnesses? Do all serious illnesses have financial implications for families? Provide students with pamphlets from the extension service, pamphlets from medical societies, and magazine articles for use as information resources. Ask students to outline the major topics such as types of medical care, costs, selection, availability, location, and doctor and/or hospital qualifications. KEY QUESTIONS: When might usage of professional health services be necessary? What would be the most important factors to consider when selecting professional medical care? Explain ways in which different illnesses may vary the preference for one form of medical care over another. Ask students to write a brief pamphlet informing citizens about the medical services available in the local community. Services might be ambulance, nursing, doctor, hospital, home care, financial assistance, etc. Students can work on the pamphlet as a class project. If possible, have information from the pamphlet printed in the school paper weekly, monthly, or quarterly. The pamphlet information might also be used as a public service spot on local radio stations.
d. Adjustments	Use The Family Life Cycle Teaching Aid 56 as a transparency and discuss the ability of the family at each stage to handle a health problem such as a terminal illness, a handicapping condition, or excessive drinking. Discuss the

emotional or mental adjustments which might be necessary for family members as well as for the affected family member. Ask students to make a class list of the ways in which health stresses can be handled. The list should include acceptance of the health situation and changes in the affected family member, a positive caring attitude, assuming responsibility for self (by both the affected member and other family members), etc. KEY QUESTIONS: How does a positive caring attitude of family members help the mental and emotional attitude of the affected family member? When assuming responsibility for meeting the needs of the affected family member, why is it necessary to make time for yourself? How can maintaining as regular a home life as possible be of benefit to the affected family member?

Have students brainstorm to identify the various roles of each family member. Ask each student to write on paper the roles he or she assumes. Examples of roles might include: student, brother, son, employee, gymnast, football player, etc. Review the meaning of *role*. Discuss the statement, "That person wears a lot of hats" in relation to family roles. Ask each student to think of a hypothetical situation related to a health factor in which the role expectations of family members would change. To further expand the role changes, assign students specific roles in a health dilemma that differ from their usual roles. Students can relate the assigned roles to changes in role activities, responsibilities, and management. KEY QUESTIONS: What part does cooperation play in the changing roles often required when there is a family member sick at home? Why is it important to disrupt the household as little as possible when family role changes are necessary? Has there been a health related situation in your home recently which required family role changes? If so, how did family members meet the situation?

Discuss ways in which the individual or family may have social adjustments due to a health problem of a family member. This might include more home entertaining, less time spent with leisure activities away from home, more time spent in treatment centers with new acquaintances, and improved family communications. KEY QUESTION: In what ways could the social adjustment affect one's self-concept as well as the family concept?

Have students view the transparency on Teaching Aid 57 The Physical Environment of the Sickroom and discuss the ways in which the environment can be controlled for the comfort and health of the sick family member. Discuss how you can use what you have on hand to make inexpensive equipment so the sick room will be more pleasant. Examples include: bed tray cut from heavy carton, large

mixing bowl for basin, low bed raised on wooden blocks, etc. Have students describe any health care equipment they or their parents have made for use in the home when a family member has been sick or convalescing at home. KEY QUESTIONS: Why should noise in the home with a sick family member be kept at a minimum? If the doctor has limited the number of visitors to a parent that is ill, how would you explain this to younger children in the home? How do pleasant surroundings help the sick family member? What would you do about ventilation if a member of the family were ill with measles and the window treatment (blinds or drapes) had to be kept drawn?

Ask students to prepare a report for the care of a sick or convalescing family member in their home. Students can use sketches, pictures, or floor plans to illustrate the report. Factors for students to consider include: location of sick room or area, problems that might come up in adapting the room or area for the care of the sick family member, how care will be carried out, responsibilities and possible time schedule of family members with allowances made for work, school, homework, activities, and necessary adjustments to be made by family members so the health care plan can be carried out. After students present their home health care reports, discuss special problems that the students have encountered while making the health care plans for their homes. KEY QUESTIONS: What are some solutions when finding convenient space for the sick family member is a problem? What can be done about problems which might come up in a home with one bathroom when caring for a sick family member?

2. Mental illnesses
   a. Symptoms

Lead students in a discussion of the maladjustments that could affect a person's mental health. Discuss symptoms of mental illness. Symptoms include: loneliness, alienation and emptiness, mild depression, anxiety, etc. Have students give examples of behaviors individuals might exhibit if they have serious problems in adjusting to a difficulty in everyday life, such as rejection from peers or failure to find a job. KEY QUESTIONS: How does the fulfillment of the basic physical needs of humans such as food, clothing, shelter, and air affect your mental health? How does the fulfillment of the basic psychological needs of humans such as affection, new experiences, success, and companionship affect your mental health? Are modern lifestyles conducive to achieving positive mental health? Explain.

List on the chalkboard: *neuroses, psychosomatic, psychic, somatic, personality, psychoses,* and *disorder*. Provide dictionaries for student use and have students look up definitions for the terms. As each definition is read, discuss the word and develop a class definition. Divide students

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	into small groups to use reliable resources to determine the types of mental illness classified as *neuroses, psychosomatic disorders, personality disorders,* and *psychoses.* Have groups present the information to class for discussion. KEY QUESTIONS: What types of mental illness are most people aware of? What attitudes do people have regarding mental illness?
	Invite a speaker qualified to deal with the crisis of suicide to talk to the class. Ask the speaker to discuss the signs, symptoms, or patterns of depression/suicide. Some signs of suicide to be discussed might include: withdrawal from friends and social activities, feeling left out, restlessness, a sudden drop in school achievement, having difficulty in all phases of life–(school, parents, boy friend, girl friend) a fixation with death, giving away all prized personal possessions, suddenly turning to alcohol or drugs, and other factors the speaker wishes to point out. KEY QUESTIONS: What can suicide-prone individuals do to help themselves? How can family members and friends help a suicide-prone individual? If a family member or friend hinted or openly talked of suicide, what would you do? If most people who attempt suicide really want to live, why then do they attempt suicide? Are most suicides premeditated or impulsive acts?
	Ask students to interpret the statement by F. Scott Fitzgerald, "In a real dark night of the soul, it is always three o'clock in the morning." KEY QUESTIONS: What is the statement saying? How does the statement relate to depression?
b. Resources	Have students, as a class, work on a list of the resources available in the community for dealing with the problem of mental breakdown. The list should include both private and community resources, the types of services offered, time required for treatment, costs of services, and additional information the students feel would be beneficial. Make the list available to all students. KEY QUESTIONS: Does your community have a psychiatric clinic subsidized by the state government? Do any clinics in your community scale payments according to the patient's ability to pay?
	Assign students an oral report on one of the resources available to help individuals with emotional and mental needs. Topics for reports might include: suicide prevention centers established in communities and on college campuses, mental hospitals including state and Veterans Administration hospitals, mental health specialists such as a psychiatrist, psychologist, psychoanalyst, psychiatric social worker, psychiatric nurse and family physician. Treatments such as psychotherapy, family therapy, and

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	group therapy, drug therapy (usually tranqualizers and psychic energizers), behavior therapy, electroshock therapy and crisis intervention may also be considered as topics for reports. Students should use visual aids such as slides, taped interviews, graphs, and posters, whenever possible. Be sure to set a time limit for the oral reports. KEY QUESTIONS: What types of therapy are currently used with the mentally ill? Why is mental illness a highly treatable disorder? How do today's attitudes toward the person with an emotional problem differ from attitudes in the past?
c. Adjustments	Have students listen to a panel of person who have experienced a mental health problem in their family. KEY QUESTIONS: What effects did the mental health problem have on family members? What challenges did the family face? How did the family meet the challenges? What adjustments must be made by the family of the ill person? What adjustments must be made by the affected family member?

COMPETENCY: *Relate public health to family/individual health.*

SUB-COMPETENCIES: *Identify major health concerns.*

Analyze factors contributing to world health problems.

Identify public health organizations.

Evaluate situations affecting community health.

Describe community health measures.

Evaluate methods for providing a safe environment.

Identify community health resources.

CONCEPT	LEARNING AND EVALUATION EXPERIENCES
III. Public health A. Solving world health problems 1. Malnutrition	Ask students to bring articles on malnutrition from newspapers and magazines to class. Have students study the articles to gain a better undestanding of why malnutrition is a major health concern. Discuss ways in which students can be affected by malnutrition and their responsibilities toward alleviating some of the conditions. KEY QUESTIONS: Why is malnutrition a major health concern? How is malnutrition a national health problem? a state health problem? Is malnutrition a health problem in your community? Explain that *anorexia nervosa* and *bulimia* are currently major malnutrition concerns. Describe common characteristics of people with each of these eating disorders as well as the symptoms which accompany them. KEY QUESTIONS: What reasons are usually given for anorexia nervosa and bulimia? What dangers do these conditions present to health? What treatment methods are being used by health profesdionals? What role does self-concept play in anorexia nervosa and bulimia? Lead students in a brainstorming session to formulate a list of problems involved in feeding the world's population. Factors affecting the availability of food include: the increasing world population, underdeveloped countries, pollution, food taboos, problems in providing enough protein foods, ignorance, etc. Ask students to work in small groups to study factors relating to supplying food to meet the nutritional needs of the world. Factors include: increasing world food production, nutrition education, traditional personal priorities, social organizations, land ownership and tenure relationships, political climate, lack of income, environment/weather conditions, transportation and storage facilities, superstitions, customs, religion, and illiteracy. The groups can present their findings to the class.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Have students view a film or study references to determine what various nutrition organizations are doing to solve the problems in supplying food to meet the nutritional needs of the world. Point out ways that increasing agricultural productivity, improving animal production, and obtaining food from the sea may help meet the world's nutritional needs. To expand this learning activity, students might write to the United States Department of Agriculture or the Food and Drug Administration, Washington, DC 20402 to obtain information about current legislation related to the domestic food supply. Students could also ask for information about the various government programs which influence the domestic food supply. Programs to ask about include: farm subsidies, price supports, government food inspection, government buying of surpluses or commodities, exports and imports, food embargos, etc. KEY QUESTIONS: How have the efforts of nutrition organizations affected world nutrition? What is the relationship between the price and the supply and demand of food products currently in shortage in the economy?
2. Communicable diseases and epidemics	Have students study the handout on Teaching Aid 25 How Communicable Diseases Spread. Discuss measures which can be taken to prevent the spread of communicable diseases such as: the patient should be kept away from family members who are likely to catch the disease; the patient should cover mouth and nose with a tissue when coughing or sneezing; soiled tissues should be disposed of as soon as possible; the patient should use own towels, washcloths, soap, etc.; the patient should not prepare food for others; the patient and other family members should wash hands often; and dishes used by the patient should be washed with soap and rinsed with hot water (boiling, if possible) and placed in a rack to dry. Discuss how good nutrition, rest, personal hygiene, exercise, and keeping immunizations current help the body fight off many illnesses. KEY QUESTIONS: What additional measures do you and your family take to prevent the spread of communicable diseases? Why is physical well-being dependent upon the prevention of the common cold and other common illnesses? Why is preventing the spread of disease among family members an important contribution to public health?
3. Overpopulation	Lead a class discussion on how the rapid increase in the world's population places new demands on the environment, resulting in a major threat to human well-being. Discuss the problems with population control in developed and developing countries. KEY QUESTIONS: How do people's actions affect the complex interactions that support life on earth? In less developed countries where economic resources are already severely strained, what is being done about the population growth? How do you

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	think the overall standard of living in the United States might be affected by world population growth?
4. Environmental pollution	Explain how environmental health problems of water and air pollution, pesticide and radiation control are the result of progress made by humans. Discuss that air pollution, in particular, occurs in industrialized areas. Examples include: in Meuse Valley, Belgium in the 1930's, acute air pollution was evident and 63 deaths were accounted for as a result of the pollution; in 1948, air pollution and weather disturbances were recorded in Denora, Pennsylvania; in 1952, air pollution combined with fog and compounded by a thermal inversion was responsible for 4000 deaths in London; New York City recorded chronic air pollution in 1963; in Seveso, Italy in 1976, toxic contaminant of the air with herbicide 2, 4, 5T in the air was responsible for human and livestock deaths; and in 1984, in Bhopal, India, a poisonous gas leak from an underground storage tank killed thousands. KEY QUESTIONS: What are some recent environmental pollution problems that you have heard about? If not properly managed, how might environmental health problems affect future development. What is the relationship between increased technology and new environmental health problems?
B. Meeting public health needs 1. Factors affecting public health a. Air, water, and noise management	Present a picturesque and living example of the factors needed for a sanitary environment by showing a fish bowl to the students. Place in the fish bowl the rocks and plant growth and ornaments necessary to make it aesthetically appealing. Add water to complete the environment. If possible, put a fish in the bowl and feed it the proper food. Discuss the comparisons between the needed qualities of the aqua environment and our environment. KEY QUESTIONS: In what ways would adding more fish hinder the growth and functioning of the fish that is now in the bowl? What about the cleanliness of the water? In what ways is the fish bowl environment comparable to present water, air, and noise pollution in the outside environment? List other factors affecting the health of the fish such as disposal of wastes, infestations of insects and pests, etc. Discuss the meaning of pollution. Have students decide on a definition for pollution of eight words or less. Using the class definition, apply the definition to types of pollution which the class suggests. Discuss how the pollution problem varies according to the region, degree of industrial development, crops in the area, population, traffic patterns, prevailing winds, major pollution sources, etc. Ask students to determine ways in which each of these affect the environmental quality and, in turn, affect health. KEY QUESTIONS: In what ways can air, water, and noise pollution be hazardous to an individual's health? Are there air, water, and noise pollution problems in your community which have affected the health of individuals?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
b. Waste disposal	Invite a health official or representative of the Environmental Protection Agency (EPA) to class to discuss the responsiblities and requirements for waste disposal systems. Topics for discussion might include water treatment and transfer, sanitation requirements, maintenance, and the various functions of the EPA. KEY QUESTIONS: What kind of water treatment is used in your community? Have there been any serious problems with water sanitation because of toxic chemicals, acid rain, detergent, or other types of pollution? What can responsible citizens do to help control water pollution problems? Do citizens have the right to take legal action against a water polluter?
c. Animal and pest control	Assign students, individually or in small groups, a report to identify the need for control of animals and pests in relation to community health. Have available for student use, books, periodicals, encyclopedias, pamphlets, and other references dealing with insects and rodents and their effect on human environment. Assign students to prepare a transparency (or another visual aid such as a poster, bulletin board, etc.,) on a specific subject to be researched. Students are to summarize, illustrate, and present their information through use of the visual aid. The reports might include: Relation of Community Sanitation and Increase of Insects and Rodents, Relation of Container Use and Disposal to Insect and Rodent Populations, Relation of Work Capacity and General Health to Insects and Rodents, Relation of Common Infestations and Disease (infestations may be flies, mosquitos, bedbugs, head lice, scabies, mites, crab lice, rats), Relation of Food Storage and Contamination to Insects and Rodents, Relation of Disease Transmission and Insects and Rodents. Discuss each visual's implication to human health and the role of community services as well as individual responsibility in prevention and/or control. KEY QUESTION: How does your community control animals and pests which affect human health?
	Help students review the factors affecting community health. Collect a variety of pictures, or have students bring pictures, illustrating the various types of pollution such as air, water, solid waste, noise, toxic substance, radiation, sewage disposal, pests, etc. Have each student select a picture to prepare a report giving the following information: 1) the type of pollution illustrated, 2) the risks of continued or extreme exposure, 3) two or three control or prevention methods, and 4) personal obligations to environmental awareness. KEY QUESTION: How can you, as a responsibile citizen, help eliminate pollution problems in your community?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
d. Disease control	Have students work individually or in small groups to prepare a disease board. Assign each group a communicable disease to study and report on. Diseases for study include: colds, influenza, tuberculosis, viral hepatitis, infectious mononucleosis, measles, chicken pox, mumps, venereal diseases, etc. The disease board can include a description of the disease and its prevalence today. The information can be written on large sheets of paper and used on a bulletin board. KEY QUESTIONS: In what ways do these diseases pose health concerns? What actions are taken to prevent epidemics? Has there been an epidemic of a communicable disease in your community recently? If so, what preventive controls were put into operation to stop the spread of the disease?
2. Provisions for community health and safety a. Regulations 1) Housing	Invite a representative from the Federal Housing Administration (FHA) or from a private lending institution to discuss housing regulations and space requirements for housing. Discuss the minimum space standards set by the FHA for homes with different numbers of rooms. KEY QUESTIONS: Why do space requirements per person decrease as the number of persons in a household increase? How can housing regulations be considered a health measure? How can living conditions be maintained so that more sanitary conditions exist? Ask students to report on the housing standards and regulations and guidelines of a government agency or a private agency. Students might report on the following agencies: Mobile Home Construction and Safety (MICS), National Association of Home Manufacturers, Federal Housing Administration (FHA), U.S. League of Savings Associations, private lending institutions (commercial and savings banks and life insurance companies such as Metropolitan Life Insurance Company), American Public Health Association (APHA), etc. Students should include local agencies which have additional standards and guidelines for housing regulations. Have students present the reports to class. KEY QUESTIONS: Why is it necessary to have housing regulations? How do they protect the health of individuals? What psychological effects does housing space often have on human beings? How can space that is clean and orderly contribute to a peaceful frame of mind? to the good health of individuals? How can your health be affected by deafening and piercing noises in or around your housing space? How may foul air from chemical pollution or other sources affect the health of individuals?
2) Food service	Prepare a flip chart defining the two main categories of food-borne diseases: 1) food infections caused by eating foods containing harmful bacteria, and 2) food poisoning from eating foods in which bacteria have grown and de-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	veloped a toxin or poison. On the next flip chart sheet make a list of food contamination sources drawn from suggestions from the class such as: human contacts through sneezes, coughs, and hands that are unclean or cut; diseased or improperly cooked animal products; vegetables damaged by improper storage or polluted during growth by soil or water; food processing sources such as vermin infestation, ingredient combinations, or contaminated equipment; transportation contamination due to high temperature, improper containers, or vermin; handling of food prior to and during preparation due to lack of sanitation of equipment and humans; quality of water used in processing, cleaning, preparation; etc. This second flip chart page could be structured according to animal, vegetable, human, transportation, processing, preparation, service, etc. Discuss the implications of applying sanitation principles in eating establishments. KEY QUESTIONS: What are the major types of food poisoning and their causes, effects, and preventive measures? Have you encountered experiences with foodborne diseases as a result of poor sanitary practices in an eating establishment or the selling of contaminated food items?
	Have students participate in a sanitation check using a culture process. Prepare a culture according to the information sheet on Teaching Aid 58 Preparation of Cultures or use purchased cultures. Contaminate culture media with swab smears taken from selected areas: can openers, toothpick, sink, hair, under fingernails, garbage can, tea towels, silverware, dishes, faucet, refrigerator, chopping block, rubber scraper, mop, etc. Be sure to include a control culture that has not been contaminated. KEY QUESTIONS: How does temperature affect the growth of bacteria? Do you consider food service standards and inspection a necessity? Explain your answer.
	Arrange for a public official or food establishment operator to visit the class for a discussion of licensing and public health regulations related to food. Discuss aspects of food service safety and sanitation that should be considered regardless of inspection standards. KEY QUESTIONS: What laws promote sanitary practices in public food services? What sanitation ordinances for food service establishments are in effect in the community where you live? What penalities may be involved if regulations are not met?
3) Child care	Discuss the licensing standards for child care centers in your state. Most licensing standards contain requirements for: the percent of a child's daily nutrition needs which should be met by the program, the timing of meals and snacks, the development and use of menus, qualifications for food service workers, emergency procedures,

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	health records, the giving of medication, and sanitation. KEY QUESTIONS: What steps should the director of a child care facility take to be sure of meeting standards and regulations? Why is the timing of meals and snacks included in the licensing standards?
4) Nursing homes/ institutions	Divide the students into buzz groups. Ask them to discuss what types of regulations they think should be used to guide nursing homes and other institutions in their safety practices. Then ask the students to identify groups that could have some influence on the regulations governing the institutions. Groups that are important to health and safety for institutions include: the Joint Commission on Accreditation of Hospitals, local and state fire authorities, public health departments, building inspection authorities, and the Environmental Protection Agency. All of these have an influence on institutional regulations. Professional groups which promote safety and who will conduct extensive training programs for safety include state, metropolitan, and regional hospital associations, and the National Safety Council. KEY QUESTIONS: Whose responsibility is it to ensure safety codes within the institution? What agencies, if any, investigate health and safety requirements in institutions?
b. Facilities 1) Recreation areas	List recreational areas on individual sheets of paper. The recreational areas may include: picnic grounds, campsites, swimming pools, lakes and/or beaches, amusement parks, snow ski areas, parks, stadiums, etc. Give a sheet of paper to a group of two or three students. Ask each group to list safety and health precautions that are a part of the area design and those that are practiced by people. Design features may include: cooking grills, garbage and trash receptacles, restrooms, shower facilities, handrails, lighted walkways, water depth readings, flags for water conditions, etc. Directional signs and personnel are additional safety aids. Discuss the results which the students find. KEY QUESTIONS: In what ways can the safety and health precautions be improved for recreational areas? What safety and health precautions have you noticed in recreational areas in your community?
2) Child care	Using a telephone book, have students locate the child care facilities in your city or town. Place a colored mark on the locations of the facilities on a city map. Determine if some sections of the city need more facilities for child care. The class could also make a child care facility booklet which gives location, phone number, age of children accepted, special activities or facilities offered, approximate costs, and number of children per caregiver for each facility. (This could be an FHA/HERO project.) KEY QUESTIONS: Are the locations of child care facilities in

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	your community fairly evenly dispersed? Does a shortage of care facilities exist for any specific age group? Do some of the care facilities offer more services for children and parents than others? What types of services, activities, or special facilities do some of the care centers offer?
c. Services 1) Police protection 2) Fire protection	Lead students in a discussion of how a safe environment contributes to the health and well-being of individuals and families. Have students explain how the availability of police and fire protection helps provide a safe environment. Divide the students into teams of two. Alternate team positions after each round. One person is to identify a need for police or fire protection; the other person is to suggest methods by which the fire department or the police department can provide the needed protection. KEY QUESTIONS: How can individuals cooperate with the police and fire departments to work toward a safe environment? How are police and fire protection related to the health of individuals and families? How do taxes paid by citizens help to buy a safe environment?
3) Sewer services	Ask students to center a group discussion around the question, "Why do we need sanitary sewer services?" Allow the students to respond with various answers. Ask students who are familiar with rural areas where there are no sewer services to tell about the types of sewage systems found in that situation. Have the students research their community residential codes to find out what types of appliances, septic tanks, etc., are allowed in their community. Septic tanks should be cleaned every 3 to 5 years for health safety. Explain that faulty sewer services can transport infections and bacteria and often result in epidemic illnesses. Example: One way hepatitis is spread is through water. If the water supply is contaminated with the virus because there has been a break in a sewer, persons drinking the water, using ice made with the water, and even eating salad washed with the contaminated water may develop hepatitis. KEY QUESTIONS: Who or what organization is responsible for the sewer services in your community? Who is responsible for enforcing sewer health codes? Has your community had any epidemic outbreaks that can be attributed to the sewer lines? How could a problem like this have been prevented? Does your community have a health inspection authority to routinely analyze the sewer system?
4) Inspections	Obtain some free or inexpensive information on OSHA inspections from the U.S. Department of Labor. Define OSHA (Occupational Safety and Health Administration) as an agency formed by Public Law 91-596 in 1970 in which the government enlarged its role in regulating the workplace to assure healthful working conditions for

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	everyone in the United States. OSHA has the authority to inspect any place of business in the nation and enforce safety and health standards set by OSHA. Texas is in the sixth OSHA region along with Arkansas, Louisiana, New Mexico, and Oklahoma. The office is located at 555 Griffin Square Room 602, Dallas TX 75202. KEY QUESTIONS: In addition to OSHA safety and health standards, check with the local health department to see if your community or state has codes, regulations, or standards governing the community's health and safety? If so, what are these codes etc.? Is there a locally based inspection officer provided by law to inspect businesses in your community?
5) Medical care/ services	Have the students select one community health service or facility and ask them to phone, visit, or write the facility selected. Students should gather information on the services provided, how to obtain the services, and eligibility requirements. Examples of community health services and facilities include: hospital, urgent care center, well baby clinic, nursing home, children's hospital, burn center, school for the blind, American Cancer Society, hospice, American Lung Association, The Arthritis Foundation, American Diabetes Foundation, The Kidney Foundation, March of Dimes Birth Defects Foundation, The Multiple Sclerosis National Society, Muscular Dystrophy Association, United Cerebral Palsy Association, Leukemia Society of America, Tuberculosis Society, Arthritis and Rheumatism Foundation, Epilepsy Foundation, National Cystic Fibrosis Foundation, American Heart Association, Parkinson's Disease Foundation, Inc., Red Cross, etc. After students present their information, lead the class in a discussion on the importance and benefits of community health services and facilities. Students might work with a local blood bank to sponsor a blood drive in the high school or community, or students might do other types of volunteer work with health services and facilities. KEY QUESTIONS: How does the state health department work with local agencies to promote health and prevent disease? What community health services or facilities are available in your community? How can individuals cooperate with the community health services or facilities?
6) Education programs	Ask students to identify people and/or organizations within the community who present health educational programs. Discuss the subject matter of the programs, the types of groups usually addressed, and the cost involved if any. KEY QUESTIONS: In what ways does health education affect self-health care decisions? What health and safety educational programs are available in your community? Does the local hospital offer home care and instruction to their patients through their outpatient and

public health planning programs? Are Red Cross educational programs which teach people how to face emergencies and how to prevent injuries in the home available in your community? What health educational programs are available from the American Heart Association, the American Cancer Society, and the Muscular Dystrophy Association?

Conduct a multimedia seminar on health and safety with each student providing either a chart, poster, slide show, demonstration, or other contribution concerning health and safety. Resources available from the library or other public services could provide information for students' use. Topics might include: hygiene, emergencies, world health problems, drugs, smoking, etc. Have students present their part of the multimedia seminar to the class. If possible have the seminar presented at a P.T.A. meeting, student assembly, local 4-H or FFA chapter meeting, etc. Students could also make health and safety posters to display around school and in business establishments. KEY QUESTIONS: What are the benefits of health and safety educational programs? How is health and safety education integrated into the other home economics classes offered in your school?

7) Consumer protection

Refer to the Fact Sheet on Teaching Aid 59 on Consumer Product Safety and discuss the reasons for this consumer protection law. Let students cite examples of injury or malfunction of a consumer product that they know about. Also discuss the Agricultural Research Service, Consumer Marketing Service, Federal Extension Service, Food and Drug Administration, Bureau of Family Services, Federal Housing Administration, Office of Renewal and Housing Assistance, Office of Economic Opportunity, and the Federal Trade Commission as agencies to help the consumer. KEY QUESTIONS: What local agencies protect consumers? What are the purposes of the Consumer Product Safety Act? Who fulfills its purposes?

8) Protective services

Have students identify the citizen protective services which are available. Ask each student to select one type of citizen protective service to report on to the class. Students should include information on the services offered, advantages or disadvantages of the services, eligibility, participation, and personal safety offered. Among the citizen protection services available are: Neighborhood Watch, Crime Line, School Children's Watch, Women's Protective Services, and Contact. The information gathered could be distributed to community members. KEY QUESTIONS: What citizen protective services are available in the community where you live? What are the common objectives of citizen protective agencies? Describe an incident you are familar with where a citizen was protected and a crime prevented because of a citizen protective service. Why do citizens

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	often neglect to participate in or take advantages of the many citizen protective services offered?
3. Public health organizations/agencies a. Local	Have students contact local public health organizations and obtain information on services available, who is eligible, and how to obtain services. Discuss the information with the class. KEY QUESTION: Which of the public health organizations are available in your community?
b. State	Invite a representative from a state public health organization to give a presentation on state health organizations to the class. Students might prepare a list of concerns for the speaker prior to the presentation.
c. Federal	Have students call local offices of federal health organizations or write the national office to obtain information on services available, who is eligible, and how to obtain the services. KEY QUESTION: Which of these services are persons in your community currently using?
d. International	Have the students write, as a class, some international health organizations to obtain information on services provided to people and countries. A filmstrip could be shown on the activities and services of an international health organization. The filmstrip should be available from the organization. International health organizations include World Hunger Project, UNICEF, etc. KEY QUESTION: How do people in your community support international organizations?
	Ask students to review the services of public health organizations by selecting a public health organization that would offer the most assistance to the following individuals and/or situations: 1) an elderly person, 2) a low income family, 3) a disabled worker, 4) a veteran of war, 5) a foster child, 6) a family in a poverty stricken third world country, 7) a pregnant adult or teen woman, 8) a person with an epidemic disease, 9) a rape viticm, and 10) a person with a communicable disease. Have students compare and discuss their answers.

COMPETENCY: *Provide care for mother and infant.*

SUB-COMPETENCIES: *Describe factors to consider for the addition of children to the home.*

Identify principles of neo-natal care.

Identify principles for care of the mother.

Identify principles of care of the growing infant.

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IV. Care of mother and infant A. Preparation for parenthood 1. Values and attitudes toward children	Conduct a general introductory session presenting the concept of parenting. Discuss the following terms with students: *parenting behavior* (behavior the parent uses in caring for and rearing his/her child); *positive parenting* (parenting skills that contribute to the well-being of the child and the family as a whole); *negative parenting* (parent behavior that interferes with the well-being of the child and the family as a whole); *preparation for parenthood* (the psychological, emotional, philosophical, physical, and economic development of the adult which would contribute to competence as a parent and provide an environment conducive to the well-being of the child). Encourage the students to discuss parenthood. KEY QUESTIONS: Who is usually one's first teacher of parenting? Do you remember mimicking a parent, grandparent, or other child caregiver? How can people learn different parenting practices than those taught by their parents? How do grandparents, aunts, uncles, teachers, friends, religions, and organizations influence one's parenting techniques. Have students complete the worksheet on Teaching Aid 60 Parenting Behaviors. Divide students into small groups and ask students to share their insights from the worksheet. Each group can compile a list of parent behaviors to report to the class. Ideas could be listed on the chalkboard. KEY QUESTIONS: How does one become a positive parent? How does one develop the ability to be a positive parent? Do economic and sociological situations matter? Does age matter? Do self-esteem and self-awareness matter? What factors really count to you? Do you consider parenthood a privilege or a duty? Is parenthood expected in our society?
a. Pregnancy	Lead students in a discussion of the importance of parental values and attitudes when preparing for parenthood. The transparency on Teaching Aid 61 Children: For All the Wrong Reasons has listed the wrong reasons for having a baby. Discuss the interrelationship of marital happiness, emotional security, financial stability, desire for children, not wanting the child, resenting the pregnancy, unrealistic expectations, wanting a boy or a girl, the perfect child–a dream child, knowledge of prenatal development, and

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	maturity during pregnancy. KEY QUESTIONS: How might the parents' attitudes toward a planned pregnancy be different from their attitude toward unexpected pregnancy? What are the wrong reasons for having children? Is the attention given to the father equally important to the attention given to the mother during pregnancy? Why? What are some common fears about pregnancy?
b. Adoption	Invite a director of a local adoption agency, a director of a local foster home, or a social service worker to explain the legal procedures and differing aspects of adoption through state adoption agencies, independent adoption agencies, and the black market. KEY QUESTIONS: Who may be adopted? Who may adopt? If it is not possible to bring resource professionals to the classroom, invite a panel comprised of a couple and/or a single person who has adopted a child and a person who was adopted as a child. Ask the panel members to talk to the class about their experiences, insights, and feelings concerning adoption.
c. Other alternatives	Discuss alternatives other than pregnancy and adoption that could be considered when planning a family. Have each student define the following terms: *artificial insemination, mechanical wombs, "test-tube babies,"* and *ovarian transplants. Cloning* could also be defined. Students can use current journals and selected references for the information. Students could also discuss cases currently in the news. KEY QUESTION: What are important considerations (legal, social, psychological, etc.) related to each of the alternatives defined?
2. Financial considerations	List with students the financial considerations necessitated by parenthood. Financial considerations should include: food, clothing, health care, housing, school, recreation, etc. KEY QUESTIONS: How will the financial considerations change as the baby grows? Have students complete the worksheet on Teaching Aid 62 Cost of Having a Baby to identify the costs in the community where they live. Ask students to share the cost sheets and to discuss them. Students could also estimate continuing costs as children reach older childhood and adolescence. KEY QUESTIONS: Do you think people are opting to have smaller families because of the cost of raising a child? Do you know people who delay having children until they have established a career and are more financially secure?
3. Housing considerations	Have students discuss the housing considerations on the transparency on Teaching Aid 63 Housing Needs for Chil-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	dren. Discuss the basic space needs of infants: a quiet area for sleeping, a place for bathing and changing, and a place to play and interact with people. KEY QUESTIONS: Does an infant need a room alone? How can a couple in a small apartment adapt space to a baby? How can one improvise when meeting the space needs of infants? How may some items needed for a baby be obtained inexpensively?
4. Adjustments to parenthood	Handout the Teaching Aid 64 How Does an Infant Change One's Lifestyle? to encourage students to think about how an infant can change one's lifestyle. Allow students to look over the questions and make comments on the sheet. Divide the class into small groups to discuss their ideas and reactions. Have the groups share their ideas and reactions. Discuss the question, "Is parenthood a crisis in marriage?" Students can share information as well as personal insights. Discuss changes that create crises during the time of pregnancy, birth, and infancy such as finances, working schedule, space, sleep, relaxation, recreation, and time with spouse. Discuss the following roles of the father during the postnatal period: care of the infant, support of the mother, and dealing with feelings about being a father. Discuss possible problems that may occur if other children are present in the family. These problems may include: jealousy, possible regression, fear of not being loved, not feeling part of the family, etc. KEY QUESTIONS: How might changes that often create crises during pregnancy affect the parents' relationships with each other? How might children influence the amount of time available for being with friends? How might children change the couple's relationship with friends? What are some psychological adjustments the father may have to make during the mother's pregnancy? What are some adjustments that children in the family have to make? What can be done to make these adjustments easier? Discuss the special concerns of working parents. Include parental attitudes, domestic responsibilities, and the cost of day care. Plan a field trip, invite a resource person to speak to the class, or ask each student to visit a local child care facility to learn about the cost and the particular problems of working parents. KEY QUESTIONS: Do most day care centers take infants? If the mother wants to keep working when the baby is born, how might the illness of a child affect the family's plans? What does the day care center do when a child is ill or has a fever? When both parents are gainfully employed, who usually stays home with the ill child? What factors determine which parent stays home? What are some steps a working couple could take in preparation for dealing with childhood illnesses? What resources might be available to them?

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B. Neonatal care 1. Newborn care	Discuss the care of the premature infant. Point out that care of the premature infant includes: use of the incubator which maintains ideal temperature, supplies correct amount of oxygen (not all premature infants need oxygen; it is imperative that no more oxygen than is needed is given due to possible injury to the eyes; it is also imperative that enough is given to secure the infant's respiratory needs), and monitors all vital signs; hydration and feeding by giving fluids, vitamins, and caloric needs intravenously until the infant has strength and ability to suck; placement of Bilirubin lights over the incubator to prevent jaundice; and visual, audio, and tactile stimulation needed for normal development in the incubator as well as after discharge from the incubator. KEY QUESTIONS: What care practices are required for the premature infant? Does being premature affect the rate of adjustment for the newborn? What are the possible effects of prematurity on the health of newborns? Ask students to bring articles from magazines or newspapers on the Sudden Infant Death Syndrome (SIDS). Discuss current research on SIDS. KEY QUESTIONS: What are some possible causes of SIDS? Why do parents of children who die of SIDS often feel guilty? Can you name other illnesses which sometimes affect newborns?
2. Examinations and tests	Have students work individually or in small groups to use selected references to list and define the treatments, tests, and examinations administered to newborns. Ask students to share the information found. KEY QUESTION: What are some possible health complications during this stage? Ask a pediatrician or nurse to describe the Apgar Scoring System used on newborn babies and explain its use. Have students outline the characteristics tested in the Apgar Scoring System. Have students compute Apgar scores given in an example and predict the health of a newborn with those scores. If you are unable to have a resource person speak to the class you can use the Apgar scale on Teaching Aid 65 Apgar Newborn Scoring System. The Apgar test was developed by Virginia Apgar to test the newborn on its ability to cope with the extrauterine environment. This series of tests is given one minute after delivery, and then again in five minutes. Each sign is scored on a scale from 0 to 2 with 2 being the most favorable score. The scale describes criteria for scores for each sign. A total score of four or less indicates the infant needs immediate treatment. KEY QUESTIONS: What is the Apgar Scoring System? For what is the Apgar scale used? When is the Apgar Scoring System used?
C. Care of mother 1. Diet	Have students discuss the following statement: "During pregnancy you are eating for two." KEY QUESTIONS:

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	How valid is this statement? How can this statement also mean not to "overindulge" in eating? How do you interpret the statement? Have students study selected references to determine the nutritional needs of an expectant mother as well as the total number of calories needed to support the developing embryo/fetus. Ask students to outline how the currently recommended weight gain is distributed to the mother, baby, and support systems. KEY QUESTIONS: What are the possible effects of too much weight gain or too little weight gain during pregnancy on the health of an unborn child? Why have weight gain recommendations changed over the years? How do the nutritional needs of an expectant mother change during pregnancy? Explain why some foods are not recommended for a pregnant woman? Ask each student to refer to a Nutritive Values of Food chart to develop a day's menus with an extra 300 calories and the correct nutrients for a mother-to-be. Teaching Aid 66 Nutrients During Pregnancy can be used as a handout or a transparency to provide information on increasing nutritional needs during pregnancy. Students should calculate the nutrients and calorie contents of liquids and snacks to be consumed during the day. Have each student present the diet plan to the class. Students can evaluate and offer suggestions to improve the diets as needed. KEY QUESTIONS: What foods should be avoided when planning the day's menus for a mother-to-be? Why? How do empty calories affect the 300 extra calories allowed? How do empty calories affect obtaining the additional nutrients necessary during pregnancy? Invite a consulting dietitian or school nurse to speak to the class on the effects of alcohol and caffeine on pregnancy. KEY QUESTIONS: How much alcohol is safe? Would the extra calories from the alcoholic drinks make it difficult to stay within the 300 extra calorie limit? How do the empty calories of alcoholic drinks affect obtaining the additional nutrients necessary during pregnancy? What dangers does alcohol present to the unborn child? How does caffeine affect the fetus? What symptoms can be exhibited by newborns addicted to caffeine? How is the fetus affected by the mother's smoking? How is the fetus affected by drugs taken by the mother during pregnancy? How are these substances related to the nutrition of the fetus?
2. Exercise	Have students read selected references for information on exercise during pregnancy. Ask the students to list possible exercises and activities in which an expectant mother can participate. Students might also list activities which may be enjoyed before pregnancy and determine changes which

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	may be advisable when pregnancy occurs and as it progresses. Changes in activities might include: walking may replace jogging; playing tennis may be limited to 15 minutes; and driving short distances at a time may be necessary instead of driving for long distances. KEY QUESTIONS: What types of activities or exercises are recommended for an expectant mother? What is the purpose or intended benefit of exercise for the expectant mother? Ask students to demonstrate to the class an exercise which might be beneficial during pregnancy. Have the student state the purpose or intended benefit of the exercise before demonstrating it. KEY QUESTIONS: Should exercise programs make allowances for individual differences? Why? How might an exercise program and activities change during each stage of the pregnancy? What sources in your community are available for exercise programs for expectant mothers?
3. Rest	Discuss with the class why rest is important for the expectant or new mother. Describe emotional and physical factors relating to adequate rest for the mother. KEY QUESTION: What complications are often associated with an expectant or new mother not getting adequate rest?
D. Infant care 1. Handling	Give a demonstration to the class on the proper techniques of handling an infant. Discuss how using the proper handling techniques meet an infant's needs in a positive way. If possible, ask a parent to bring a baby to class so the students can experience handling a live baby. If this is not possible, use a doll (preferably limp-jointed). Ask each student to hold the infant, or doll, using the proper handling techniques. KEY QUESTIONS: How does knowing the proper techniques for handling the infant help eliminate a parent's stress? Why is "support" an important part of handling an infant?
2. Feeding	Have students study resources on feeding infants from birth to one year. Ask them to summarize the main points presented on breast feeding and formulas. Use the summaries for class discussion. KEY QUESTIONS: What are the advantages and disadvantages of breast feeding? When should the infant be weaned? What are the advantages and disadvantages of formula feeding? Which method, breast feeding or formula feeding, is currently the most popular? Invite a pediatrician to speak to the class on introducing solid foods to the infant. KEY QUESTIONS: When should solid foods be added to the infant's diet? Why is it recommended to introduce one new food at a time? What feed-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	ing technques will encourage an infant to eat a variety of foods? What techniques may cause feeding problems? How can your attitude about feeding affect the child? Have the students observe an infant being fed, or have them view a film or filmstrip explaining procedures for feeding a baby solid foods. Discuss difficulities the infant may have in learning to use the tongue properly in swallowing solid foods. KEY QUESTIONS: How could a handicapped parent adapt the procedure shown in the film? How can self-help by the child be encouraged? How may the baby's parent interpret the baby's spitting out food? How does tongue movement, which differs in sucking and in swallowing, affect the infant's learning to eat solid foods?
3. Bathing	Ask a parent to visit class with an infant to demonstrate the proper techniques of bathing an infant. If an infant is not available, use a washable doll. Illustrations on bathing a baby are on Teaching Aids 67-70 Bathing Baby. KEY QUESTIONS: What equipment is needed for bathing an infant? What temperature should the water be? How can the baby be kept warm? What temperature should the room be? Why are all these factors important when bathing an infant?
4. Dressing	Have students observe a demonstration on how to diaper and dress an infant. After the demonstration have each student demonstrate the ability to diaper and dress an infant by practicing on a doll. Teaching Aid 71 Diapering illustrates the ways to fold a diaper. KEY QUESTIONS: What safety precautions should be taken when diapering and dressing a baby? How should the baby's skin be treated when diapering? What can be done to soothe diaper rash? What precautions can help prevent diaper rash? What are the advantages of cloth diapers? of disposable diapers? How can diaper folding be varied to meet the needs of a girl or boy?
5. Meeting sleep needs	Have students read selected references to determine sleep needs of an infant. Have students identify sleep patterns of different infants. Discuss the ways sleep patterns differ from infant to infant. Students can analyze sleep patterns to determine whether or not the pattern is fairly normal and if parents of these infants need to worry about their infant's sleep patterns. Examples of sleep patterns to analyze include: 1) Karen is five months old, takes two or three naps a day, and sleeps through the night. 2) Joe is one year old and no longer likes to take both a morning and afternoon nap. 3) Jill is newborn infant and sleeps 10-12 hours a day. KEY QUESTIONS: How might you soothe a restless baby who is reluctant to go to sleep? (Examples might include: rocking, cuddling, singing, humming, or

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	rubbing the baby's back.) How many hours do infants sleep each day? What are some common sleeping positions of infants? How much do infants move around while sleeping? What effect does age have on sleep patterns? What effects might atmosphere have on sleep patterns?
E. Parents with physical handicaps	Have students watch a demonstration on the ways a handicapped parent can manage the care of an infant. KEY QUESTIONS: What helpful hints were shared? What problems of the handicapped had not been solved? Was any special equipment or adapted equipment used? Was equipment arranged in a particular way for convenience? How was the procedure different from that used by a nonhandicapped person?

COMPETENCY: *Provide home care for the elderly.*

SUB-COMPETENCIES: *Describe the aging process.*

Identify the health, safety, and clothing needs of the elderly.

Identify personal needs of the elderly.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
V. Care of the elderly A. Aging process 1. Physical changes	Have each student observe an elderly person (grandparent, neighbor, acquaintance, or stranger) and record a physical description of the person. The student should describe the elderly person's actions and movements. Discuss the findings in class. KEY QUESTIONS: Were any movements or actions done at a slower pace than younger adults would do them? Which movements or actions? Did you notice any actions or movements that differ from the way you would do them? Were any notable physical hardships apparent in the actions and movements of the elderly? Have students list and discuss some of the physical changes that occur as a person goes through the aging process. The list could include: weak muscles, brittle bones, arthritis, poor circulation, sight or hearing loss, loss of sensation, reduction of smell and taste senses, or changes in other bodily functions. KEY QUESTIONS: What physical changes seem to be most prevalent among the elderly? How could you help an aging person adjust to these physical changes?
2. Mental and emotional changes	Ask students to explain and give examples of signs of mental and emotional changes in the elderly. Have dictionaries available for students' use and encourage students to look up words that are not familiar to them. The signs of mental and emotional changes should include: disengagement, depression, lack of mental alertness, changes in behavior, decrease in intellectual powers, and reaction to changes. KEY QUESTIONS: Which of these signs is a type of protection to the aging person? Why might an elderly person be depressed? What are some behavior changes often associated with the elderly? How do you think a lack of mental alertness and a decrease in intellectual powers make the elderly person feel? What can you do to comfort a person who has feelings of uselessness, selflessness, and purposelessness? Invite a panel of elderly persons from a variety of living arrangements to talk to the class about themselves and what their lives are like. The panel should include an elderly person who lives in his or her own home, one who lives in a retirement facility, one who lives in an extended family, etc. They might discuss their feelings about grow-

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	ing older and any changes in attitudes, family relationships, physical needs, or mental needs they have experienced in recent years. Ask members of the panel to share the contributions they feel they can make despite or perhaps because of their situations and conditions. Contributions might include more time for volunteer work, wisdom due to many years of experience, need and ability to show affection, etc. The discussion should incorporate a question and answer period. Prior to the panel's appearance have the students develop four or five questions to ask the panel members. KEY QUESTIONS: Did your attitude toward elderly people change after listening to the panel and talking with the individual panel members? How can you show greater empathy for elderly persons? How could circumstances or attitudes be changed to deter negative aspects of growing older? How can new hobbies or skills affect the mental and emotional needs of elderly persons? How could volunteer work benefit the older volunteer? Can feeling useful encourage a positive mental outlook? How do the mental and emotional changes of the elderly affect their health?
B. Diet 1. Needs	Have the students study resources on nutritional needs of the elderly or interview the person in charge of food service at a local nursing home or retirement home. Ask students to explain the importance of planning nutrient-dense meals for the elderly; the elderly have decreasing needs for energy while their nutrient levels remain the same as for other adults. KEY QUESTIONS: What special needs are considered in preparing meals for the elderly? Who does the menu planning in the nursing home or retirement home? Are fried foods served? Are spicy foods served? Ask the students to make generalizations about an elderly person's dietary needs. Some students may have misconceptions about the elderly's dietary needs; guide the students to dispel their myths. Discuss special considerations of dietary planning for the elderly. Examples: few calories, more frequent meals, soft foods for those with digestive problems, etc. Point out that loss of independence, loss of spouse, depression, etc., can affect the appetites of the elderly. KEY QUESTIONS: Why should one consider a person's past food habits and food preferences when planning a menu for the elderly? What might you do with or to a food to make it appealing if the elderly person does not like it in the form you served it? If the elderly person's appetite is poor at mealtime, what could you do to assure that the elderly person eats?
2. Resources	Discuss the organizations or centers where the elderly can obtain food. Include meals-on-wheels, civic organizations, churches, senior citizen centers, restaurants which give

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	discounts to the elderly, etc. KEY QUESTIONS: What organizations in your community aid the elderly in obtaining food? What service does meals-on-wheels provide that some of the other resources do not? What federal programs can provide assistance for meals to senior citizens who are on fixed and limited incomes? Who administers these programs in your area? Do they need volunteers to assist with the programs? Could FHA/HERO be involved in this kind of program?
C. Health, safety, and clothing needs 1. Health care options	Divide students into small groups to work on a report on one of the various health care options available to the elderly. Topics might include: live-in nurse, home health care aides for daytime care, nursing homes, day care services outside the home, retirement centers with health care facilities, visiting nurse, extended care facilities, etc. Ask students to present the reports to the class. KEY QUESTIONS: Which health care option(s) do you prefer? Why? Are there some options of which you were not previously aware? Which ones? Which health care options for the elderly are available in your community? Do you feel that the services rendered by the various health care options are adequate? Can you create a plan for a new health care option that you feel would better serve the people? Invite a Social Security representative to talk to the class about benefits related to Social Security. KEY QUESTIONS: What is the difference in Medicare and Medicaid? How does each help the elderly? What are the ranges and limitations of coverage?
2. Living arrangements	Lead the class in a discussion on living arrangements for the elderly. (Note: Alternatives to living arrangments are discussed in the section on Alternatives to Home Health Care). Be sure to include: living in their own homes, living with an extended family, and having a companion live in the home with them. Ask the students to describe a situation they are familiar with where an elderly person is living with a family and the arrangement is satisfactory for everyone involved. Discuss how the room arrangement of a home might affect privacy and independence in the situation described. KEY QUESTIONS: With the trend toward smaller housing, how are families going to handle an elderly person living with them? Why do some older persons prefer to live in a place with many people like a nursing home or retirement center?
3. Safety equipment	Have students read selected references to gain a better understanding of equipment with safety features helpful to elderly persons. Ask students to make a list of equipment and safety features they read about and to discuss their findings with the class. Safety equipment might

include: wheelchairs, canes, walkers, side rails on a bed, handrails in the bathroom (around toilet, tub, shower, and lavatory), rubber mats or safety strips, slip resistant floors, bathtub or shower bench, smoke alarms, fire extinguishers, intercom system, medicine cabinet with sliding doors, thermostatic hot water control not to exceed 110° F (the elderly become less sensitive to hot water than younger persons–water at 110°F will not burn the skin), ventilation in the kitchen and bathroom, front loading dishwasher and clothes washing machine, and non-breakable dishes and cookware. KEY QUESTIONS: What safety features should a bathtub have? What safety purposes does a shower bench serve? Why are canes considered safety equipment? What other safety equipment would be helpful to elderly persons? Where should handrails go in the bathroom? Can you think of other locations for handrails or grab bars that would be serviceable? Why are sliding doors on a medicine cabinet safer than swinging doors? Why are small throw rugs considered a safety hazard?

Copy pictures of the rooms on Teaching Aids 72 - 75 Kitchen, Bathroom, Living Room, Bedroom Safety for the Elderly to use for student worksheets. Have the students identify safety features and equipment which are helpful to the elderly by marking the safety modifications in the pictures on the worksheets. When the students complete the worksheets, ask them to discuss the features they identified. Mark the safety adaptations with a water soluble marker on transparencies of Teaching Aids 72 - 75 as the safety features are identified. Compare the class findings to the transparencies on Teaching Aids 76 - 79 which have safety features numbered on the transparencies. Discuss any safety features that have not already been identified by the class. KEY QUESTIONS: What are some advantages of controls at the front of the range counter? How can a front loading dishwasher be beneficial to an elderly person? What are some advantages of grab bars around a tub, shower, and/or toilet? What guidelines do you use to arrange furniture for the elderly? How could raising a sofa on wooden blocks be a safety feature for the elderly?

Demonstrate the importance of making adaptations in the home which contribute to safety for the elderly by bringing a wheelchair to class for the students to manipulate. The students can experience the space needs of the wheelchair. This will help students understand that adaptations need to be made for some of the equipment and features. KEY QUESTIONS: What do you notice about the space needs for a wheelchair? What steps may be taken to adapt a home for a wheelchair? Are the doorways in most homes wide enough for wheelchair passage? What other home

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	adaptations will help equipment for the elderly work more safely and efficiently?
4. Clothing requirements and adaptations	Have students read selected references and discuss the needs for clothing adaptations for the elderly. Ask students to complete the Clothing Needs and Adaptations worksheet on Teaching Aid 80. Several clothing adaptations may be suitable for each clothing need; however, some possible answers for the worksheet are: 1. a; 2. c; 3. e; 4. a; 5. d,a,c; 6. e; 7. c; 8. d; 9. b; 10. c; 11. b; 12. b. Students should be able to give other situations justifying adaptations. KEY QUESTIONS: What adaptations fall under the category of limited reach and range of motion? What needs for clothing adaptations are not specifically listed on the worksheet?
	Reinforce the importance of clothing adaptations for the elderly by having the students tape or wrap their fingers so they don't have much flexibility or finesse with their hands. Have the students try to pick up small objects. Then have students button and unbutton displayed garments, untie and re-tie shoes, etc. KEY QUESTIONS: How do your hands feel? Do you associate this feeling with any condition that you hear older people talk about? Why do you think it is important to make adaptations in clothing for the elderly? How might clothing adaptations be helpful for a handicapped person?
D. Personal needs 1. Financial	Divide the students into small groups and have them brainstorm ideas for expenses incurred by the elderly. Expenses could include housing, food, medical care, personal and leisure time activities, transportation, utilities, taxes, and insurance. Have students elect a spokesperson for the group to share its ideas with the class. Discuss, as a class, sources of income for the elderly or retired person. Sources could include: pensions, IRAs, Social Security, personal savings, dividends from stocks and bonds, etc. Be sure to point out in the discussion that Social Security was designed as a supplementary income for the elderly, not as a total retirement plan. Try to find current national averages of income for the elderly and the average expenses incurred by the elderly. Obtain this information from community sources, government sources, or research oriented professional literature. Discuss the averages with students. Also bring into the discussion what percentage of the elderly are considered to be at the poverty level. Another interesting point of discussion would be the breakdown of the dollar in relation to the percentage of each dollar spent on major expenses. KEY QUESTIONS: Why do retired persons usually need to have additional sources of income rather than depending solely on Social Security? Which living costs increase during the later years? Which decrease? How can younger persons plan ahead for retirement?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Ask students to interview an elderly person to discover the main financial problem or burden created by lack of money during the later years of life. Have the students compare their findings. Discuss how lack of money during the later years of life contributes to malnutrition, inadequate housing and facilities, immobility, inability to pursue interests and hobbies, and inability to pay for health care. KEY QUESTIONS: Did any of the persons interviewed make up the difference in their Social Security benefits and the actual costs of living by part-time jobs, new careers, sale of hobby or craft items, or barter? What resources are available to help the elderly person pay for health and physical care?
2. Social	Plan a field trip to a retirement center or nursing home to give students an opportunity to visit with elderly persons to determine their social activities. If a field trip is not possible, have each student conduct an interview with an elderly person either in person or over the phone to determine their social activities. Neighbors, friends, or relatives would be suitable persons to interview. Have the students compare, as a class, the results of their interviews to determine the most frequent activities. KEY QUESTIONS: What was the most popular social activity as determined by the interviews? Do you feel it is important for an elderly person to participate in social activities? Why? What are some benefits of social activities for the elderly? How can a person's mental and physical health be affected by social activities? Were the hobbies and interests in social activities developed before or after retirement? How can family members encourage elderly persons to learn new hobbies or skills?
	Ask students to research, as a group, the organized social activities that are available to the elderly in the community. Encourage students to look at activities provided by church groups as well as by civic, social, and other organizations. Also have students look through retirement magazines for social activities available to the elderly nationally. KEY QUESTIONS: Does your community plan social activities for the elderly? What local business establishments include goods and services for the elderly in their planning? What are some of the activities planned in your community for the elderly? How often are social activities planned? What are some national social events or activities available? Do these sound like fun to you? Do you think elderly persons would or could enjoy the nationally offered activities? Are these activities usually expensive or are they affordable? Are elderly persons who participate regularly in social activities usually healthier than those who do not? Do they have a more positive attitude?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Have students select one of the following for an FHA/HERO impact project: adopt a grandparent, sponsor a monthly birthday party for persons in a nursing home, plan and sponsor a "generation gap" social, or do volunteer work with elderly people. KEY QUESTIONS: How did your experiences affect your feelings toward the elderly person? How did the people respond? How did the activities help to meet the social needs of these persons?
3. Adjustments	Invite a gerontologist or geriatric nurse to speak to the class. Topics for discussion should include: decrease in physical skills that elderly people experience, decrease in hearing and seeing abilities, decrease in intellectual capacity for learning, decline of internal bodily functions, etc. KEY QUESTIONS: What physical changes occur as a result of aging? What disabilities may develop in the later years? How might an elderly person adjust to these physical changes?
	Have students participate in the following experiences to gain a better understanding of the problems of aging and the needed adjustments: 1) read aloud a paragraph written in very small print held at arm's length, 2) report what you hear when someone reads a news article to you in a soft whisper, 3) tie a shoe, peel an orange, button a shirt, sew on a button, or play a card game with wooden sticks taped to your fingers, 4) eat animal crackers and drink a cup of warm water, 5) try to eat a caramel or raw apple without using your teeth, and 6) try to reach a ringing telephone across the room by the third ring while taking six-inch steps. Have students compare the difficulty of performing these tasks. Ask students to identify the physical disability each experience represented. KEY QUESTIONS: How did these experiences make you feel? What adjustments did you have to make in order to complete the experiences?
	Invite a panel of widows and widowers to discuss problems they have encountered as a result of losing their spouses. KEY QUESTIONS: What adjustments were necessary? What emotions did these persons experience on the loss of their spouses? What effect did the loss of spouses have on their relationships with friends and families? Would these persons consider remarrying? Why? Why not?
	Have students select one issue related to aging to examine in depth. Have them use resources and interviews. They can present their findings in a report to the class. Students can summarize by identifying positive strategies for coping with aging. KEY QUESTIONS: What positive strategies for the elderly were identified for coping with physical limitations? dealing with isolation? establishing new roles? managing limited funds? identifying available resources?

COMPETENCY: *Provide appropriate home care of the sick.*

SUB-COMPETENCIES:

Identify signs of illness.

Identify the causes, symptoms, transmission, and prevention of communicable diseases.

Describe methods for proper care of the sick.

Evaluate methods for patient care skills.

Explain how to provide for sick, convalescing, or elderly family member's nutritional needs.

Select appropriate recreational activities for the sick.

Identify characteristics and care associated with various handicaps.

Identify characteristics and care associated with a terminally ill family member.

Identify the stages of grief.

Investigate alternatives to home health care.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
VI. Home care of the sick A. Signs of illness 1. General signs and symptoms	Discuss the difference between a sign of illness and a symptom of illness. Point out that a sign of illness is a visible evidence of illness whereas a symptom is an internal feeling of the victim. Have students view the transparency on Teaching Aid 81 Signs of Illness to identify the signs of illness. KEY QUESTIONS: What are some symptoms of illness. How can you distinguish between a sign of illness and a symptom of illness? Does a mild sign of illness often precede a serious illness? Would you make any additions or deletions from the signs of illness listed on the transparency? If so, what and why? When should you call a doctor or obtain medical attention? How might the ability to recognize the signs of illness avert serious complications of illness that may occur if neglected?
1. Communicable diseases a. Common types	Ask students to look up *communicable diseases* in the dictionary or in textbooks. Communicable diseases can be defined as infectious diseases transmitted from person to person either directly or indirectly. Identify the more common communicable diseases such as influenza, measles, tuberculosis, common cold, chicken pox, mumps, viral hepatitis, and sexually transmitted diseases (STDs). Discuss recent incidences and trends of communicable diseases. KEY QUESTIONS: What communicable diseases have become epidemic in your community or in your area? What communicable diseases have you personally contacted?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Use the chalkboard or a flannel board and outline the personal and financial costs of communicable diseases. Costs may include: infection, disease, pain, discomfort, drug or doctor expenses, and time from school, work, or social events. Point out the impact a communicable disease might have on short-term goals or plans such as college or trips. KEY QUESTION: What are the major costs of communicable diseases?
	Discuss ways one's external and internal environment could affect the general resistance to disease. External factors could include seasonal changes in humidity and temperature, which in turn influence human activities. Internal factors include the amount of rest and relaxation, which in turn affect human resistance. KEY QUESTION: What is the immunity system?
b. Causes and transmission	Prepare a flip chart indicating the methods of transmission of pathogens. These include: direct contact, indirect contact, airborne transfer, and vector transfer (transfer by insects). Discuss the portals of entry which include: nose, mouth, broken skin, and urogenital system. Also discuss practices that can inhibit transmission. Relate these practices to areas of child and human development. An example might be the use of uncontaminated toys or bedding. KEY QUESTIONS: What is the most common transfer of disease producing organisms? What are some practices used in your home that help inhibit transmission?
	Ask an environmentalist or someone associated with wildlife management to speak to the class regarding the diseases spread by animals and birds. Include the method of transmission, types of diseases, carriers, and prevention and/or control. KEY QUESTION: What animals are common disease carriers?
c. Symptoms	Discuss the following information about communicable diseases: signs and symptoms, treatment, prevention suggestions, immunization availability, time to be immunized, and complications. KEY QUESTIONS: What are the commonly associated symptoms of the major communicable diseases? What action should a person take if symptoms persist over a period of time? How could awareness of the symptoms prevent or hinder the progress of a communicable disease?
	Prepare flash cards of common communicable diseases. Also prepare cards with symptoms for the diseases. Let the students match the diseases to the symptoms. (Some symptoms may be used for several diseases). KEY QUESTIONS: What symptoms lend themselves to several diseases? What diseases have obvious physical signs?

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
d. Prevention and treatment	Have students research disease control measures and compile the information into a written report. The control measures include: disease screening techniques, immunizations, preventive health practices, and sanitary engineering. KEY QUESTIONS: What disease control measures do you implement in your home? What control measures could you employ within your home or workplace? What is sanitary engineering? What are the purposes of immunizations? Ask a doctor, nurse, or other person associated with the medical field, to come to the class and give tips on controlling communicable diseases. KEY QUESTIONS: Did the resource person mention measures that you have not previously researched for your report? If so, which ones? What is the purpose of control measures? What control measures are used in most households in the United States? Would you feel safe in a country that did not practice immunization and/or sanitary engineering?
B. Evaluating the patient 1. Temperature a. Normal and abnormal b. Types of thermometers c. Monitoring, reading, and recording	Show types of clinical thermometers. Have the students examine the types. Discuss the following: degree markings, mercury changes that occur when the temperature is taken, cleaning the thermometer, and reading the thermometer. Then have a few volunteers take their oral temperature. Be sure to have extremely accurate sanitation for this activity. A thermometer with disposable plastic covers would be advisable. Write down the readings. Review the abnormal, normal, and subnormal temperature ranges. Discuss ways of taking temperature: oral, rectal, and axillary. KEY QUESTIONS: What normal temperature variations can be expected? How does one decide which method to use for taking a person's temperature? At what level(s) can oral, rectal, and axillary temperatures be damaging to the human body?
2. Pulse a. Rhythms and rates b. Monitoring and recording	Ask students to place their right forefinger between the tendons and wrist bone of their left arm so that the pulse of the arteries can be felt. Ask students to count their pulse beats for one minute and write down the number of beats per minute. Discuss other places on the body where the pulse can be taken such as: sides of the neck, lower jawbone, in front of the ear, and near the groin. Discuss observations other than rate that can be concluded from the pulse. Observations include strength and rhythm, which indicate conditions of the heart. KEY QUESTIONS: What is your pulse rate? Why is the pulse rate important? Why do people need to check the condition of the heart? Discuss the range of normal pulse rates and the variance of pulse in relation to the time of day, previous activities, physical condition of the persons, weight of the person, and age of the person. Ask students to keep a three-day

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	chart of the pulse at the following times: as soon as they get up in the morning (resting heart rate), after strenuous exercise, after a stressful class or mental workout, after eating, and before going to bed. As a class, have students make generalizations about the pulse rate taken at the various times. As an additional activity, have students chart the pulse rate of a person in a different age range at various times of the day. KEY QUESTIONS: What was the actual beats per minute difference between your pulse and the pulse of some of your classmates? between your pulse and the pulse of a person in a different age range? Was your pulse in a normal range for each of the conditions? What type of physical conditioning can improve the condition of the heart and give you a stronger slower pulse?
3. Respiration a. Rates	Ask two or three students to define the respiration process. Use a dictionary to supplement the students' definitions. Discuss the normal rates of breathing for men, women, children, and infants. Ask students what factors may cause changes in the respiration rate. List these on the chalkboard. Factors may include: exercise, emotional effects, drugs, and fever. KEY QUESTIONS: What factors may cause changes in respiration? How do you determine a normal rate of breathing for women? What effect does fever have on the respiration rate?
b. Monitoring and recording	Demonstrate monitoring the respiration rate by observing the rise and fall of the chest or abdomen. Have students practice taking the pulse and checking the respiration rate directly after checking the pulse. They need to count the rise and fall of the chest or abdomen for a minute. KEY QUESTIONS: Why is the respiration rate usually taken along with the pulse without the patient's knowledge? What other types of observations can be made while the respiration rate is being taken?
4. Blood pressure a. Ranges b. Monitoring, reading, and recording	Identify the blood pressure ranges that are normal for adults. Explain the differences of the systolic and diastolic pressures. KEY QUESTIONS: What is the normal range of blood pressure for adults? for teens? Do you know your typical blood pressure reading? If possible, get a medical professional to demonstrate how to take blood pressure. Or bring a blood pressure kit to class and demonstrate its use. Have students volunteer to have their blood pressure taken. Several pharmacies also have a mechanically operated blood pressure machine that is for customer use. If available, students may get their blood pressure reading from one of these machines. KEY QUESTIONS: What is the significance of maintaining normal

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	blood pressure? What are the dangers of hypertension and hypotension? Does high blood pressure seem to be prevalent in your family?
C. Medication 1. Over-the-counter drugs 2. Prescription drugs 3. Food/drug interactions	Set up an exhibit of emptied bottles of over-the-counter (OTC) and prescription (Rx) drugs for the students to observe. Through class discussion differentiate between the two types of medicines. On a visual, list guidelines as generated by the class and from your various sources for buying OTC and Rx medicines, choosing a pharmacy, usage and storage of medicine, choosing generic drugs, and general facts concerning medicines. KEY QUESTIONS: In what situations would OTC medicines be necessary? Where should most medicines be stored? What is the difference between generic drugs and name brand drugs? How do you know how to use certain medications?
	Have a volunteer write down methods of drug entrance into the body, as suggested by the class. These include oral entrance, absorption through the skin, subcutaneous injection, suppositories, intravenous injection, and sniffing through the nasal membrances (Example: nasal sprays). KEY QUESTIONS: What medications do you apply to your external surface? Do you put various other applications on your skin? What are they? What illnesses or aches do you treat with over-the-counter drugs taken orally?
	Ask a pharmacist to give a presentation on various aspects of medications. Before class, have students prepare questions to ask the pharmacist during a question-answer period. The pharmacist's presentation could include purchase and use of OTC and Rx drugs, and drug-food interactions with food and drugs such as antacids, analgesics, antipyretics, antiallergenics, or antihistamines. The pharmacist could also discuss side effects of common drugs, safety guides to be practiced when using medications, emergency procedures in case of overdose, and elimination of outdated medication. KEY QUESTIONS: Why is it a safety practice not to take another person's prescriptions? What are the dangers of taking several drugs at once if you are not specifically instructed to take them in this manner? Why should medicine be taken as instructed? Who can you call when you have questions about any medicine? Do you read the directions before taking medicines?
D. Nutrition during illness 1. Meal appeal	Set up a display of a meal on a tray that looks very dull. Choose foods that are the same color and texture, etc. Do not use any ornamentation on this tray. Show it to the students. Have a volunteer divide the chalkboard in half and on one side of the chalkboard write the descriptive words the students use to express their views of this meal. Then show a meal on a tray that looks very appealing. Vary

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	the color, use a colored well-folded napkin, place a vase of silk or real flowers on the tray, and garnish the food plate with parsley or lemon slices. On the unused half of the chalkboard, have the volunteer write the descriptive words given by the students about this attractive meal tray. Discuss the significance of serving nutritious meals in an appealing manner. KEY QUESTIONS: If you were sick, which meal would you prefer to eat (assuming you like all foods on both trays)? What makes the second meal more appetizing? How might food that is attractively served contribute to increased consumption of nutrients?
2. General diet	Have each student take a pretest using Teaching Aid 82 General Diet Pretest to determine the depth of coverage needed for this topic. Answers for the pretest may be found on Teaching Aid 83 Answers to the Pretest. After grading the pretest you will know how in-depth the review over the food groups and general diet needs to be. Use a chart of the five food groups to review servings needed for specific age groups. Discuss the energy needs of an ill person. Also discuss the process by which certain vitamins and minerals obtained from foods help to replenish the white blood cells which fight infection and strengthen the immunity system. Other topics to discuss, especially if need was indicated on the pretest, include: absorption, food sources for each vitamin, the specific function of each vitamin, and water soluble and fat soluble vitamins. KEY QUESTIONS: What are some foods categorized in the meats group? Why is it important to serve foods from each food group? From what foods can iron be obtained? What do carbohydrates do for your body? Why is it advisable to eat a variety of foods rather than to fall into a routine food consumption pattern?
3. Special diets	Have students investigate the types of cookbooks and meal preparation guidelines available for special diets and needs during illnesses. For this activity you will need various cookbooks or a listing of titles of cookbooks for various special diets. KEY QUESTIONS: Are cookbooks written to cater to specific diets? For what types of diets are a large amount of cookbooks available? Were any preparation guidelines laid out in the cookbooks? Prepare a few foods appropriate for special diets such as low cholesterol, low fat or sodium, diabetic, soft food, and ulcer diets. KEY QUESTIONS: What food preparation principles for special diets differ from food preparation principles for regular diets? What are some foods high in cholesterol that should be avoided for a low cholesterol diet? What are some sugar substitutes that can be used for cooking for diabetics? What risks do you take when artificial sweetners are used?

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	Have the students research literature on sugar substitutes. Students could give a short summary of their findings to the class. KEY QUESTIONS: Are sugar substitutes safe to use? Which substitutes are accepted more readily? Has research been consistent on findings that some substitutes are carcinogenic?
4. Feeding or serving the patient	Divide the students into groups. Provide the groups with selected references, and have them outline the procedure for preparing to feed or serve a specific patient. Also have them make a checklist corresponding to the procedures of things to do before, during, and after the patient eats. Different outlines and checklists would be used for patients who can and cannot feed themselves. The checklists could include getting the patient ready to eat by helping or instructing the patient to wash his/her hands and face; raising the patient to a comfortable sitting position; and checking to see that the tray has all the necessary utensils for eating and drinking. As a courtesy for a fatigued patient, butter the bread, prepare the tea or other beverage, cut up the meat, and do other last minute preparations on the tray. Caution the patient if the food or beverage or holders are too hot or cold to handle. Do not rush the patient. Discuss possible effects of the caregiver eating in the room as the patient feeds him/herself. Guidelines for feeding a patient who cannot feed him/herself would need to include using small bites on the tip of the spoon or fork and wiping the patient's face around the mouth. KEY QUESTIONS: How can you help the patient at mealtime who is really fatigued by the sickness? What cautions should the caregiver give to the patient? How do you actually feed a person who cannot feed him/herself?
	Have the students volunteer to role play a person feeding a sick patient who is unable to feed him/herself. Have the patient say things like "There is too much food on the fork," "Ouch," or "Don't stick that fork into my tonsils!" Other statements that address problems that could occur while one person feeds another can be used. KEY QUESTIONS: How much food should you put on a fork or spoon for the patient? How far back should you place the fork in the patient's mouth? What device would facilitate drinking a beverage?
E. Recreation activities for the sick 1. Patient limitations a. Physical	Divide the class into groups. Ask each group to brainstorm about possible physical limitations of a sick person. Encourage each student to suggest as many ideas as possible. After the groups have a list of ideas, share these with the class by making a master list on the chalkboard using ideas from each group. Have students, one at a time, explain how each of the physical limitations might alter the activities in which the patient might participate. KEY QUESTIONS: What activities would a patient whose ears

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	were plugged not be able to enjoy? What activities would be purposeless for a person whose hands were harmed or not functional? What are some symptoms from communicable diseases that would limit a patient physically?
b. Mental	Have the students develop five activities a sick person could use to overcome mental limitations such as boredom or mental fatigue. KEY QUESTIONS: What activities did you list that will challenge the mind? What activities would stimulate a person and help overcome boredom? Invite a recreational therapist or physical therapist to give a presentation to the class on physical and mental limitations of the sick and how to compensate for those limitations. KEY QUESTIONS: Which limitation is harder for a therapist to help the patient overcome? What does a physical therapist do? Are a patient's physical limitations also somewhat responsible for their mental limitations?
2. Activities a. TV and radio b. Books c. Puzzles and games d. Hobbies e. Pets	Have the students close their eyes and imagine they are sick in bed with a prolonged illness and extremely bored. Then have the students call out activities they participate in when they are ill. You may have to do some suggestive talking to get the students to think about other activities outlined in this section that they have not mentioned. KEY QUESTIONS: What activities do you participate in when you are sick? In what activities have ill people you have seen on TV participated? What are some of the advantages of each of the activities? What are some disadvantages of certain activities? For what type of patient would a pet be a good companion? Distribute Teaching Aid 84 Recreational Activities for the Sick. Use this as a worksheet for the students to analyze activities according to the illness stated. Have students discuss their choices in class. KEY QUESTIONS: In what activities could a person recovering from eye surgery participate? What other activities could you suggest or participate in with a person suffering from boredom?
F. Patient care skills 1. Bed making a. Unoccupied bed b. Occupied bed	Have the school nurse or a local nurse demonstrate the proper procedures for making the unoccupied and occupied bed. If a bed is not available in the school try to make a bed out of a large box and provide linens that would fit the box. KEY QUESTIONS: Why would someone need to make an occupied bed? Which bed looks easier to make—the one with the patient or without? What is a mitered corner? Have students demonstrate the ability and proper procedures for making the occupied and unoccupied bed. Also ask them to practice these skills at home when they change the

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	sheets on their own beds. KEY QUESTIONS: How can you feel more confident in making a patient's bed? What type of bottom sheet would not be suitable to use if the patient could not get out of bed? What safety precautions must you take while making a bed with the patient in it?
2. Patient hygiene a. Bathing	Divide students into groups and have them make a collage of pictures dealing with hygiene. The pictures could contain those relating to bathing, hair care, nail care, and shaving. KEY QUESTIONS: What personal hygiene products are advertised in popular literature? Do articles on beauty tips relate to personal hygiene? Why is personal hygiene important? Why is personal hygiene especially important for a sick person?
	Describe the purposes of bathing for a sick person including: bathing keeps the patient clean and less susceptible to germs; bathing makes patients feel better because they feel better about themselves; warm water relaxes the muscles and therefore decreases stress; and warm water stimulates blood circulation, particularly to the surface of the skin. Have the students recall types of baths, (tub bath, shower, and sponge bath) which could be given to a less mobile person in bed. KEY QUESTIONS: How does a bath make you feel? Do you want to feel clean even though you do not feel well? What can bathing do for the patient? Does cleanliness contribute to a good mental state? Can patient hygiene play an important role in the healing process? What safety facilities could be installed in the bathing areas to help curtail accidents involving the patient?
	Have students think aloud about the equipment needed for tub or shower bathing. Equipment needed for the patient that should be collected by the aide or caregiver could include: face towel, two bath towels, washcloth, dish with soap, nonskid bath mat, bath thermometer (especially in the case of an elderly person), lotion, deodorant, chair or stool, and shaving equipment. Discuss how equipment needs differ for a sponge bath. KEY QUESTIONS: Why should the aide or caregiver locate and place equipment for the patient? Are there some items that could be omitted for bathing for certain individuals? What are some guidelines you feel an aide or caregiver should follow in relation to a bath? (Privacy, yet careful attention to make sure of safety, should be one guideline).
b. Hair care	Invite a cosmotologist or other hair care specialist to explain the importance of hair care for all people. Then have the person elaborate on the importance of hair care to an ill person. Discussion factors should include the improvement of self esteem if the hair is kept clean and styled, the need to remove oil build-up from the hair by shampooing, the

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	need for circulation on the head by brushing, and the distribution of oil that produces a natural luster by brushing. These ideas could all contribute to basic good health as well as to a rise in self-image and an increased positive attitude. The mental state of a patient often contributes to the rate of recovery. KEY QUESTIONS: What is the purpose of brushing the hair? What is the reason for washing hair with a shampoo? What pieces of equipment should be given to the patient for attending to his or her hair? What type of a mirror would be most manageable for a sick person in bed? Have students pair off and discuss some guidelines they believe to be helpful in shampooing a patient's hair. For example, one guideline could be to massage the patient's hair and scalp gently. Another guideline could be to be cautious of the position of the neck when washing a patient's hair. Have students pantomine a shampooing procedure with a partner. This activity may generate additional guidelines. KEY QUESTIONS: What is ideal water temperature for shampooing? Should weak patients be expected to wash their own hair? Is a shampoo recommended for a person with a cold? What feeling does clean and styled hair give a person?
c. Shaving	Have a display of various razors and electric shavers in the classroom. Discuss the advantages and disadvantages of the various types of shavers. For example, advantages of an electric razor include: injury by cuts and scrapes is minimal if existent at all; preparations for shaving is simple as there is no need for shaving creams or water; and use of an after shave lotion is not mandatory, although a moisturizing cream or after shave lotion would be beneficial. KEY QUESTIONS: What are the dangers of shaving with a blade razor as opposed to an electric shaver? What are some advantages of the razor shave? Do some of the blade razors look safer than others? Divide the students into buzz groups to cite examples of shaving precautions and guidelines for a patient shaving and for a caregiver shaving a patient. KEY QUESTIONS: What tool would best serve the purpose of shaving a patient? What problem could occur from using an after shave lotion? What should be done in case of skin irritation by either the razor or the shaving lotions? What is a purpose of shaving?
d. Nail care	Discuss with the class the importance of good nail care for hands and feet. Include in the discussion: infection and bacteria can be harbored under the nails, cuticle cuts and damage to the skin around the nails are subject to the onset of infection and gangrene, and long unkept nails can harm other skin that they come in contact with—particularly while someone sleeps. For these reasons nail care is

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	essential for an ill patient. Discuss with the students the effects of well-kept nails on the patient's self-concept. KEY QUESTIONS: What harmful effects could unkept nails have on a patient? What are the positive reasons for achieving quality nail care?
3. Patient transfer a. Body mechanics	Have a student volunteer to demonstrate various correct and incorrect postures and body movements. Have the student stand up straight, then slump; sit up straight then slide down in the chair; bend down from the waist to pick something up, then bend down by squatting using the legs as part of the body support for lifting. Point out the correct procedure each time. Then have the students define *body mechanics*. Body mechanics can be defined as the coordinating of body movements. Explain that good posture allows the person to do activities easily with minimum strain. Have the students go through a series of activities noting the coordinating of activities such as walking, standing up from a sitting position, etc. For example, walking involves swinging the arms, bending the arms, bending the knees, raising the foot, and more. Have one student write down the components of an activity while the other student actually demonstrates the activity. As a class, discuss the findings. Some students will need to add components to their lists. KEY QUESTIONS: What body movements are integrated to achieve walking? Why is it important for you to examine the breakdown of normal automatic activities? Do ill people always have total functioning of all of their muscles and limbs?
b. Moving patient between bed and chair	Obtain a low table or a bed for students to use for this activity. Begin a discussion on the procedure for moving a patient who is lying down on a bed to a sitting position in a chair. The large components of this procedure include: helping the patient sit up, then stand up, then sit down in the chair. Give students an information handout from Teaching Aids 85 Transferring Patient. Talk through the steps for transferring patients, then demonstrate each step as one student reads the steps aloud. If possible, have a nurse or hospital aide available for the demonstration to help students practice the procedure. KEY QUESTIONS: Why is it important to know your own patient transferring capabilities? What additional help can you use to give the patient extra assistance? What should you do if the patient is rather large in comparison to you? Why should you be aware of your posture and stance? By letting the patient use the capabilities and strength he or she has, what feeling or mental state of mind does this give the patient? Why is it important for the patient to have confidence in the mover? Divide the students into pairs to practice the transferring procedures. If there are not enough tables or beds, rotate

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	the students so all students will have a chance to practice. The students who do not have the bed to practice with can practice other transferring procedures such as helping a patient stand and sit. If a nurse's aide is available, let the aide walk around the room to assist students in mastering transferring skills. KEY QUESTIONS: What is transferring? Should you sit patients up quickly or slowly when you assist them? Why? How can you prepare yourself to prevent accidents while transferring a patient?
e. Mechanical lifts	Plan a field trip to a medical supply company or a hospital for a demonstration of mechanical lifts and devices. If these establishments are not available in your community try to obtain a mechanical lift from a nearby town for demonstration in the classroom. Otherwise, use a visual to show the students how a mechanical lift would look. Discuss the reasons for using a mechanical lift. If the machinery is available allow the students to manipulate the lift(s). To prevent accidents, do not let the students lift each other in the lifts. KEY QUESTIONS: Why do you use a mechanical lift? Can you foresee any dangers of using a mechanical lift? Do you think you would feel more secure and safe using a mechanical lift or being transferred by a human?
4. Physical care a. Back rub	Show a transparency of Teaching Aid 86 to demonstrate the correct techniques for giving a back rub. KEY QUESTIONS: Why do you rub in a circular motion? Why should the caregiver not lift up his or her hands during the back rub? Discuss the reasons for giving a back rub. Reasons should include: stimulates circulation; relaxes muscles; and conditions the skin with lotions, particularly when the patient spends a lot of time in bed. Emphasize the importance of using lotion for dry skin. Explain how to warm the lotion by rubbing hands together. Point out that the caregiver giving the back rub also needs to be in a comfortable position to avoid strain. KEY QUESTIONS: What are some purposes for giving back rubs? Is a back rub good for a person who is confined to bed most of the time? Why is circulation so critical?
b. Bedsores	Identify the technical name for bedsores, i.e., decubitus ulcers. Ask for explanations and definitions of bedsores from the class. Then divide the class into small groups and have students generate thoughts on where bedsores are likely to occur on a patient. Point out that places where pressure is exerted on bony protuberances of the body (caused by lying in one position too long; or by casts, splints, or other bandages exerting pressures on the skin) are often the location of bedsores. Places to check for signs

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	of bedsores are the knees, heels, ankles, toes, backbone, shoulder blades, elbows, ears, and breasts. Places to look on obese patients are places where body parts rub together such as under the breasts, between folds of the buttocks, and where the thighs rub together. These pressure points are covered by only a thin layer of skin and have poor circulation caused by the extended pressure from body weight. KEY QUESTIONS: What are bedsores? What causes bedsores? Where are some checkpoints for locating bedsores? What is the general guideline for locating these bedsores? What does a bony protuberance mean? Why is it important to look for broken places in the skin? Have on display an accumulation of equipment and devices that help prevent bedsores by reducing pressure on the skin. Propose guidelines to follow to help prevent decubitus ulcers or bedsores. Show a transparency of Teaching Aid 87 Guidelines to Help Prevent Bedsores to reinforce the guidelines which were discussed for preventing bedsores. Show the various protective materials such as the sheep skin, spongy cushions, and air mattresses for relief of pressure on pressure points. KEY QUESTIONS: What is the easiest method of patient care for prevention of bedsores? How often should you turn a patient? What should you do if you notice a sign of a bedsore developing? If bedsores develop who should you contact?
c. Foot care	Have the students walk around in stocking feet on their toes, then on their heels, then on the sides of their feet. Next have the students do some feet exercises. Examples: from a sitting position, hold legs out and flex and point the feet, repeat 10 times; raise the arch up then down (make a bridge), 10 repetitions; circle ankles making a circle in the air with the toe, 10 repetitions each foot; with feet on the floor, raise up on toes with heels up then put feet down flat, then up on heels, then down flat, repeating the whole process 10 times. KEY QUESTIONS: Did you notice any pattern in the activities done? Do you really use your feet a lot? Does exercising your feet make them feel good? What do you think exercising the feet does for you? Do you take special care of your feet? What do you do to your feet to care for them? Discuss the discomforts that can happen to feet. Include in this discussion: foot strain, callouses, chilblains, bunions, ingrown toenails, sore heels, corns, fallen arches, broken toes and veins, swollen feet, bedsores, cold feet due to poor circulation, athletes foot, and other infections. Special doctors may be needed for specific feet problems. A foot specialist is called a podiatrist. Discuss why danger of infection is lessened if feet are clean. A foot bath with mild soap will cut down on in-

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	fection. A foot bath also benefits the circulation in the feet and legs. Other patient foot care procedures should also be followed. Be sure to dry feet completely, even between the toes. Keep toenails trimmed. Apply lotion to the feet. Keep the patient in good fitting shoes and stockings. Leave room for the toes to move in both socks and shoes. Be sure the patient's feet are warm but not so hot that they sweat. Sweating can contribute to bedsores. When a patient sits in a chair, rest the patient's feet on a footstool to allievate pressure on the feet. Avoid too much pressure by tight bed linens on the feet (especially the toes) of patients confined to bed. Shields should be used for protection in prolonged instances. KEY QUESTIONS: What are some care practices for a patient's feet? Why should feet have special care? How snugly should a patient's socks or stockings fit? What is the professional name for a foot doctor? What other specialists might be needed for specific feet problems? (Remember orthopedic specialists for bones and dermatologists for the skin infections, etc.)
d. Exercise	Invite a physical therapist to the class to discuss exercise. Ask the therapist to discuss purposes for exercise for various illnesses, diseases, orthopedic problems, and other health problems. Have the students jot down questions that come to mind while the speaker talks. KEY QUESTIONS: What is the purpose for having a patient exercise? Are there specific types of exercises for specific problems? Distinguish between active range-of-motion exercises done by the patient and passive range-of-motion exercises done for the patient by the nurse or aide. The purpose of routine exercise by or for the patient is to prevent shortening or distortion of muscular tissue due to spasm or scar and to prevent paralysis of a muscle that acts in opposition to a contracting muscle. Have students participate in some active exercises that could be done by an ill person. For example, a simple exercise for the shoulders would be to lift arm forward, over the head, then return arm to the side. Another exercise is to turn the head to the left and then to the right, and repeat. Have the students chose a partner to practice a few passive exercises. Each partner should have a turn at being the patient and at being the nurse. One example of a passive exercise for the elbow is: bend the patient's arm (which is lying by the patient's side) up, moving the palm up toward the patient's shoulder, then slowly bringing the arm back down to a straight position. Another example for the fingers is: place right hand over the back of the patient's hand; then form a fist with the patient's hand beginning with the fingertips, then reverse. KEY QUESTIONS: What is active range-of-motion exercise? What does passive exercise do for the patient? Does exercise help stimulate circulation?

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e. Aids for the handicapped	To help students identify with the handicapped, select and show a film on handicaps that shows how almost everyone is handicapped in one way or another. Have students note aids for the handicapped shown in the film. KEY QUESTIONS: Are glasses an aid for the handicapped? Do non-handicapped people sometimes make it hard on handicapped people? What structural designs have you noticed in your community that are made to help the handicapped? What aids for the handicapped did you see in the film? Have a display of equipment and other aids used by handicapped persons. Let students maniuplate the aids. Have students practice helping a volunteer patient with the various aids. (Examples: pushing a wheelchair with a patient in it, and walking behind and gently guiding a person with a walker.) KEY QUESTIONS: Does it take practice to use some of the aids? How can you help handicapped persons accept their handicap and the aids they must use?
G. Handicapping conditions 1. Characteristics 2. Care	Identify the various categories of handicaps including: multihandicaps, mental retardation, visual disability, hearing impairment, deafness, muscular impairments, learning disability, and more. Have each student write each category at the top of separate large lined note cards and divide each card into two columns. Divide students into groups and have them analyze characteristics of the various handicaps. Then discuss in class to get ideas from all of the groups. Have students title the first column on each note card CHARACTERISTICS and let them fill in the characteristics for each handicap. When this is completed, have a brainstorming session on care for each individual handicap. Have the students title the second column on each note card CARE and proceed to complete each card with the appropriate care. Include the aids that would be needed for specific physical handicaps (Example: eyeglasses). These cards could be placed in a file for the students to keep for reference. KEY QUESTIONS: What are some handicaps? Did you ever consider that being too tall or too short could also be handicaps in certain situations? What are some characteristics of the visually impaired? What extra duties or skills are needed by a caregiver for a person with multiple handicaps? What are some characteristics of temporary handicaps? Are there differences in care procedures for a person with a temporary handicap as opposed to a person with a permanent handicap?
3. Resources	Have the students brainstorm to get a list of community resources they believe would be helpful for a handicapped person and family. If the students have trouble generating

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	ideas, have a few telephone books available for the students to look through for ideas. Community resources to contact could include: YMCA, YWCA, Family Service Association, religious groups, counseling services, Texas Department of Human Resources, the Texas Rehabilitation Commission, Texas Homemakers Service, and other agencies for specific handicapping conditions. KEY QUESTIONS: Why is it important to be aware of the available community resources for the handicapped? Do you think handicapped people and their families really need these resources? Why?
4. Family adjustments	Invite a handicapped child's parent(s) to class to discuss the special challenges faced by the family. KEY QUESTIONS: How have these challenges been met? What resources aided in meeting the challenges? What effects did the child's handicap have on other family members? Invite a student or child of a handicapped parent to class to discuss lifestyle changes which helped the student or child adjust to the handicapping condition and to the person. KEY QUESTIONS: What specific emotional, physical, social, or spirtual adjustments were made by the family member of the handicapped person? Do they treat the person differently than other people? Ask the students to outline positive ways that the handicap could affect other family members (Example: it could help the family members build characteristics such as patience and empathy). It could bring the family closer together. KEY QUESTIONS: What are some positive or good things that happen within a family of a handicapped individual? Could some of the negative effects be changed to positive effects? How does a positive attitude about a handicap help other family members? (Problems could be: changes in relationships, changing roles due to handicaps, economic problems to provide efficient care of the handicapped individual, depression, anxiety, etc.)
H. Terminal illness 1. Characteristics	Put the word "terminal" on a bulletin board. Give a strip of paper to each student. On the paper ask each student to write an emotional reaction to the word. Put these on the bulletin board and review the emotions. Discuss ways in which a terminal diagnosis can affect the individual and family. KEY QUESTIONS: What does "terminal" mean? What does terminally ill mean? Who does a terminally ill diagnosis affect? What first reactions can you imagine would be given by the terminally ill person? What could be some reactions of the family members? Have the students do a two- or three- page report on a terminal illness. Be sure to assign reports about muscular dystrophy, multiple sclerosis, leukemia, and other cancers.

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	Have students give short summaries of their reports to the class. KEY QUESTIONS: Would you like to do further research on some of the diseases? What is muscular dystrophy? Are there any recent advancements in medical technology that will help a person with muscular dystrophy? What are some recent discoveries that may help persons with other terminal illnesses?
2. Care	Review the skills and activities from the previous sections on care for the sick. Have students write one word or phrase that tells how to care for the sick. Then have students write one word or phrase that tells how to care for the terminally ill. Remind students that most of the skills and attitudes that aid the ill patient also apply to the terminally ill patient. These include: patient hygiene which includes bathing, hair care, shaving, and nail care (these all help the patient with self concept); physical care skills such as the back rub, foot care, and exercise (passive or active): patient transferring skills; personal characteristics such as being a good listener, encouraging the patient, and being understanding; providing good nutritional meals for the patient; and helping with recreational activities to keep the patient from being bored. KEY QUESTIONS: What skills might you use with a terminally ill patient? How can you make a terminal illness more acceptable and less painful emotionally for the patient? How do you feel about taking care of a terminally ill patient? What patient needs would you expect to be greater for a patient who has been diagnosed as being terminally ill?
3. Support groups	Discuss the use of the term "support group." Explain that support groups help the family of a terminally ill person and the ill person him/herself cope with the illness and the inevitable outcome of death. Ask the students to make additions to the resources listed on the previous page. Include all organizations and agencies which could provide information about special support groups within their particular area that could help these families. Additions to the list could include: the American Cancer Society, American Lung Association, American Association of Diabetes, Euthanasia Education Council, Arthritis Foundation, Home Health Agencies, March of Dimes, Multiple Sclerosis National Society, Muscular Dystrophy Association, United Cerebral Palsy Association of Texas, the West Texas Home Health Agency, and the McDonald House. KEY QUESTIONS: Do some handicapping conditions also fall under the category of terminal illness? Which handicaps and illnesses can you think of specifically that could overlap into both groups? Do you think that support groups would benefit you if you were in the situation of being close to a terminally ill person?

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4. Family adjustments	Have students study a handout from Teaching Aid 36 The Grief Process for Family and Friends to identify the grief stages of a person who has lost a friend or relative by death. Discuss each stage and the behaviors that may be expected at each stage. KEY QUESTIONS: Is grieving an orderly process? Will everyone go through all the steps of the grief process? Why is it important to experience most of the steps of the grief process? Ask students to read and study a handout of Teaching Aid 88 Five Stages of Grief about the mechanisms that a person who is dying uses to cope with the thought of actual death. Read through the stages and discuss as needed. KEY QUESTIONS: Why is it good for terminally ill patients to go through these stages? How do coping mechanisms help the patient with a terminal illness?
I. Alternatives to home health care 1. Nursing/sitting services 2. Retirement facilities 3. Nursing home 4. Hospital 5. Day care 6. Institutional care	Divide the students into small groups and have each group contact an administrator of one of the following alternatives to home health care: nursing/sitting services, retirement facilities, nursing homes, hospitals, day care facilities, and institutional care (private school) facilities. Information should be obtained on costs, services available, daily and special activities, and eligibility requirements. KEY QUESTIONS: What services are available in one alternative that are not available in another? Who is eligible for nursing or sitting services? Is there an age qualification for any of the alternatives? Make a chart the class can use to fill in the information obtained about the facility they reviewed. Then have students compare the costs, services, activities, eligibilities, and other factors relating to the alternatives to home health care. KEY QUESTIONS: Which health care alternative is least expensive? What factors should be considered when choosing an alternative to home health care for a specific patient? Write the types of home health care alternatives as column headings on the chalkboard. As descriptions of individual patients are read, have the students decide on the most desirable health care alternative. Students should use the information gathered in the previous activity in making their decisions. As the students decide on a health care alternative, write on the chalkboard a brief description of the individual under the selected health care alternative. For example, the following individual descriptions might be used: stroke victim, mentally retarded child, a terminally ill cancer patient, an invalid elderly person, a temporarily paralyzed accident victim, a healthy elderly individual or couple, a physically disabled person, a person with Alzheimer's disease, a person with severe mental illness, or a physically handicapped child. KEY QUESTIONS: What factors influenced the selection of each home health

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	care alternative? Did you find that several health care alternatives were often suitable for the individual described? What factors helped you make your final decision? Could the cost factor make one option more desirable than another for some individuals?

COMPETENCY: *Meet home emergency needs of family members.*

SUB-COMPETENCIES: *Identify home emergencies.*

Describe simple first aid principles.

Locate community resources for assistance in emergencies.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
VII. Meeting home emergencies A. Home emergencies	Divide the students into two groups. Have each student write possible home health emergencies on a piece of paper and pass the paper to a group spokesperson. Several home health emergencies should be listed on each paper. Rotate from group to group letting the spokesperson read one of the health emergencies entered by his/her group. The emergencies could include: lengthy submersion in a pool or bathtub, burns, bone fractures, heart attacks, poisoning, choking, animal or insect bites, sunstroke, shock, and fainting. KEY QUESTIONS: What constitutes a health emergency? What is your first reaction to most health emergencies? What health emergencies listed have you dealt with previously?
B. First aid principles 1. Evaluating the situation	Show a film on first aid principles for the home. The film should include the topics of evaluating the situation and taking emergency action. KEY QUESTIONS: What are some first aid principles for the home? Which first aid treatments do you know how to administer? Use Teaching Aid 89 Analyzing Home Health Emergencies as a handout for students to read. Discuss the stages of evaluating a home emergency. KEY QUESTIONS: Have you used or observed someone using the steps in evaluating a home health emergency? What is the first step you should do in evaluating a home health emergency? How do you make the patient more comfortable?
2. Taking emergency action	Demonstrate first aid principles for home emergencies. First aid practices that should be included are: applying bandages, applying splints, stopping bleeding, removing foreign objects from body or eye, dislodging a foreign object from throat, and using CPR (cardiopulmonary resuscitation). If possible, have a certified CPR teacher come to class and demonstrate CPR. Give students information about short courses they could take to learn CPR. KEY QUESTIONS: What are the main things to remember when giving CPR to an adult? What should you do differently when giving CPR to an infant or very young child? For what is the Heimlich maneuver used? What techniques could you use to stop bleeding? Distribute a worksheet of Teaching Aid 90 Home Health Emergencies and have students evaluate the emergencies

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	and determine the best action to take for each. Ask students to compare and discuss their answers. KEY QUESTIONS: What do you need to remember when an emergency occurs? What techniques did you learn from films and from demonstrations that will help you in certain emergencies?
	Use Teaching Aid 91 Burns as a handout. Discuss with students the types of burns, their characteristics, and basic treatments. KEY QUESTIONS: Why should home remedies such as applying butter, lard, oleo, cream, salad dressing, or mayonnaise be avoided when treating a burned area? What is meant by the "cold water" treatment of burns? Is pain a good indicator of the seriousness of burn injuries? Explain.
C. Community emergency resources 1. Ambulance	Invite a person who works for an ambulance service to give a class presentation on the procedures for obtaining an ambulance, the procedures the ambulance team follows, and the duties of the ambulance team. KEY QUESTIONS: How do you get an ambulance to the site of an emergency? What telephone numbers can you call to obtain an ambulance? What information should you give when calling for an ambulance?
2. Paramedics	Discuss the difference between an ambulance worker and a paramedic. Discuss the paramedic's duties, services provided by paramedics, and the emergency procedures followed by paramedics. If possible, invite a paramedic to class to speak. KEY QUESTIONS: What did "paramedic" mean in it's original definition? How do you summon a paramedic to the site of an emergency? Identify different agencies or groups through which paramedics are available.
3. Fire department	Plan a field trip to a fire department. If possible, choose a fire department with a paramedic unit. Ask a firefighter or the fire marshall to speak to the class about the emergency procedures followed by the fire department and about a firefighter's duties. It would also be interesting to ask for some statistical information regarding actual fires in the area and the most prevalent causes of fire. KEY QUESTIONS: To what types of emergencies does the fire department respond? Does the fire department ever call in assistance from other community emergency facilities? How should you report a fire?
4. Urgent care centers/ facilities	Have the class as a group call a local urgent care center and find out the hours they are open, the types of emergencies they handle, and the procedures that need to be followed in order to obtain the services of the center. KEY QUESTIONS: Is "urgent" a synonym of "emergency"? Do urgent care centers assist with major emergencies? What ser-

vices do hospital emergency rooms provide that urgent care centers generally do not provide?

Invite an ambulance team member, a paramedic, and a firefighter to participate in a panel discussion of emergency procedures, first aid principles, and emergency actions. Before the date of the panel discussion have students prepare a list of questions to ask the panel members. KEY QUESTIONS: What emergencies call for more than one emergency resource? Do the panel members often work together? Can most emergencies be attended to by just one emergency team? Why are paramedics often located at the fire department?

Obtain a city map for classroom use. Locate community emergency resource units in your city. Mark each resource with a different type of notation. For example, circle the location of fire departments; put a star on the urgent care centers; put a square around hospitals and other locations with ambulance services; and put a triangle on the paramedic units. Another way to note the locations of the resources would be to circle in different colors. Be sure to put a legend at the bottom of the map so anyone who sees it could read the map and your symbols. If possible, use a reducing machine at a copy center to make a small size for each class member to keep, or have students mark the locations on city maps.

COMPETENCY: *Identify career and job opportunities in family/individual health.*

SUB-COMPETENCIES: *Relate family/individual health to careers and job opportunities.*

Describe skills and competencies needed in jobs related to family/individual health.

Outline educational preparation needed for jobs related to family/individual health.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
VIII. Career and job opportunities related to family/individual health A. Career and job opportunities	Have students look through local newspapers and newspapers from other towns and cities to determine health related jobs that are available. How many jobs are advertised in the papers? What are some of the typical job openings? Discuss any of the specifics of other jobs that are disclosed in the position announcement. Where are the positions located? After the discussion have the students compile a list of jobs to be used in developing job descriptions in another learning experience. Ask each student to select a health service job that he or she is interested in and interview a person employed in that job. Students can present their findings to the class. KEY QUESTIONS: How did the person get started in the job? What are the duties of the person? What are the advantages and disadvantages of the job? What personal qualities do persons in jobs related to family and individual health services need? What are the opportunities for advancement in the field? What education and/or training is required to get the position? What would it cost? Where could the training be obtained? Why are responsibility and dependability important for employment in health services? How can you develop responsibility in yourself?
B. Skills and competencies needed	Have students view the transparency on Teaching Aid 92 Attitudes for Success to identify the attitudes. Discuss attitudes and qualities needed by individuals employed in family/individual health services. Discuss the personal traits that are particularly beneficial for persons employed in family/individual health services. A good health services worker should be: helpful, understanding, sympathetic, friendly, cooperative, kind, loyal, temperate, logical, alert, trustworthy, attentive, dependable, and accurate. KEY QUESTIONS: Which of the qualities discussed do you feel are your strongest assets? In what areas would you like to change or improve personal traits? Do you think a positive attitude is important? Explain.

CONCEPTS	LEARNING AND EVALUATION EXPERIENCES
	Ask each student to analyze a job he or she would be interested in and determine the skills and competencies needed for this job. Students can present the information to the class in a brief oral or written report. KEY QUESTIONS: Why are you interested in this particular job? What potential do you have to succeed in this job? What skills would you have to develop to be more competent at this job? How might skills acquired in performing homemaking responsibilities be useful in gaining employment and in performing competently on the job? What skills and competencies should a home health care provider have?
C. Educational preparation required	Invite an employer or personnel director of a family/individual health related organization to discuss the educational preparation and training required for careers and career advancement in the health care field. Ask the speaker to discuss: typical entry-level positions in the health care field, skills and competencies helpful for prospective employees, duties and responsibilities for these positions, the possibilities for career advancement, the typical promotion path, average salary range for positions in the health care field, on-the-job training offered, and educational requirements. KEY QUESTION: What high school subjects would provide a good background for jobs in family/individual health care?
	Have students choose an entry-level job and research what educational training is necessary for the job. KEY QUESTIONS: What skills are required for the job? What are the job prospects? Would your skills and experiences apply?
	Invite a local community college representative to talk to the class about the training opportunities and programs offered in family/individual health care services. KEY QUESTIONS: What post-secondary training opportunities are available? What are the costs of the training? How long is the training? What are the admission requirements? What job placement services are available?

TEACHING AIDS AND REFERENCES

Characteristics Of Good Health

BEHAVIOR- gets along with others, has goals in life, and shows interest in activities

FACIAL EXPRESSION- alert and without strain

EYES- bright , clean, no dark circles

HAIR- clean, strong, and shiny

SKIN- smooth and clean with healthy color

TEETH- bright and clean with healthy gum

SLEEP- can sleep soundly

ATTITUDE- good natured, happy, smiling, alert, and full-of-life

WEIGHT- normal for height and bone structure

MUSCLES- firm and well developed

APPETITE- good, with diet meeting nutrient requirements

POSTURE- head erect, chest up, shoulders flat, and abdomen in

Characteristics Of Poor Health

BEHAVIOR- lacks energy and incentive, becomes ill easily, no initiative to face everyday life

FACIAL EXPRESSION- dull and stressful

EYES- dull, red, itching

HAIR- dull, dry, breaks easily

SKIN- flaky, poor color, doesn't heal easily

TEETH- cavities and unhealthy gums

SLEEP- difficulty in sleep

ATTITUDE- rundown feeling , moody, blue

WEIGHT- underweight or overweight

MUSCLES- flabby and underdeveloped

APPETITE- poor, with junk food replacing nutrient requirements

POSTURE- body droops and shoulders slump when sitting, standing, or walking

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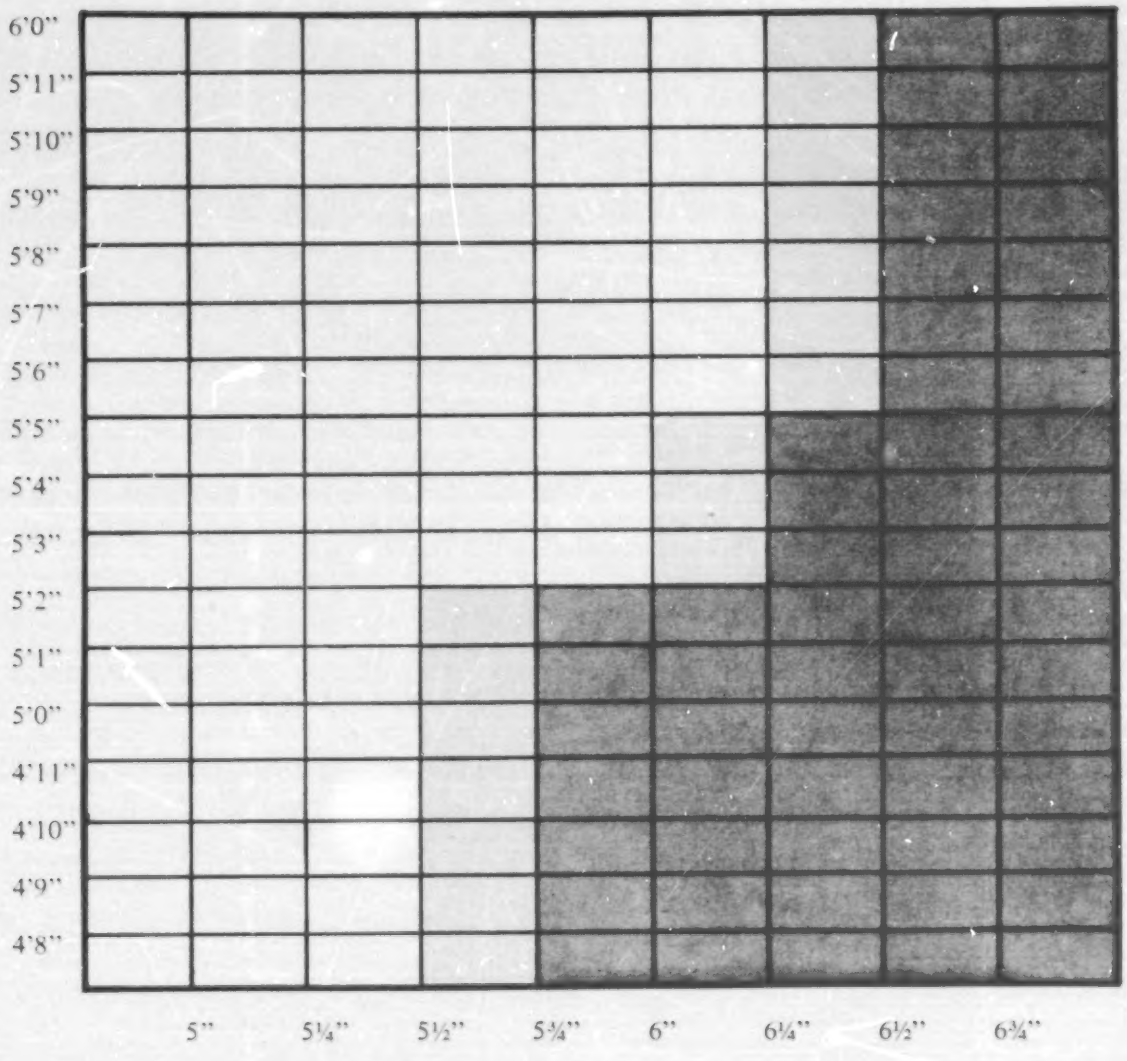
Habit Indicator

DIRECTIONS: For each health habit listed, indicate whether you follow this habit always, sometimes, occasionally, or never. Mark only one answer per habit.

Always	Sometimes	Occasionally	Never	
				APPETITE
				I eat breakfast regularly.
				I eat nutritious snacks between meals.
				I eat a variety of fruits and vegetables.
				I limit my intake of table sugar, presweetened foods, and junk food.
				I eat in moderation.
				SLEEP
				I get an adequate amount of sleep nightly, 7-9 hours.
				My sleep is restful.
				I have routine sleep schedules.
				TEETH
				I brush my teeth daily.
				I use dental floss daily.
				I have regular dental appointments for checkups and cleaning.
				My diet provides foods containing calcium and vitamin C.
				HAIR
				I wash my hair regularly.
				I have my hair cut or trimmed as needed.
				I am comfortable with my hair appearance.
				PERSONAL CARE
				I exercise vigorously at least three times weekly.
				I keep my weight within 10% of my recommended weight.
				I bathe regularly.
				I practice good grooming habits.
				I handle stressful situations with confidence.
				I like myself.

Body Frame Type

DIRECTIONS: Use wrist circumference and height to determine frame size from this chart. Measure wrist at the smallest circumference and measure height without shoes.



Average Height-Weight Table

AVERAGE HEIGHTS AND WEIGHTS OF FEMALES AND MALES, AGES 11-17

FEMALES			MALES	
	HEIGHT	WEIGHT	HEIGHT	WEIGHT
AGE	INCHES	POUNDS	INCHES	POUNDS
11	57.00	81.47	56.42	77.84
12	59.65	91.57	58.94	87.71
13	61.85	101.65	61.61	99.11
14	63.15	110.87	64.21	111.95
15	63.70	118.36	66.54	125.05
16	63.94	123.24	68.31	136.93
17	64.21	125.00	69.37	146.21

National Center for Health Statistics: 1977

Recommended Daily Dietary Allowances

REVISED 1980

The Recommended Dietary Allowances (RDA) are designed for the maintenance of good nutrition for practically all healthy people in the United States. They list the maximum amount of selected nutrients that most healthy people need daily under usual environmental stress. The RDA are based on scientific research, and they are used to plan and evaluate the diets of *groups* of individuals. The diet itself should include a variety of common foods, which will also provide other nutrients for which human needs have yet been determined.

	Unit	Infants (0-12 Mo.)	Children Under 4 Yrs.	Adults And Children 4 Or More Yrs.	Pregnant or Lactating Women
Vitamin A	IU	1500	2500	5000	8000
Vitamin D	IU	400	400	400	400
Vitamin E	IU	5	10	30	30
Vitamin C	mg	35	40	60	60
Folacin	mg	0.1	0.2	0.4	0.8
Thiamin (B_1)	mg	0.5	0.7	1.5	1.7
Riboflavin (B_2)	mg	0.6	0.8	1.7	2.0
Niacin	mg	8	9	20	20
Vitamin B_6	mg	0.4	0.7	2	2.5
Vitamin B_{12}	mcg	2	3	6	8
Biotin	mg	0.05	0.15	0.3	0.3
Pantothenic acid	mg	3	5	10	10
Calcium	g	0.6	0.8	1	1.3
Iron	mg	15	10	18	18
Phosphorus	g	0.5	0.8	1	1.3
Iodine	mcg	45	70	150	150
Magnesium	mg	70	200	400	450
Zinc	mg	5	8	15	15
Copper	mg	0.6	1	2	2.0

g = gram mg = milligram mcg = microgram IU = International unit

Food Group Match-up

DIRECTIONS: Match each food in the food list below with its food group. Write the name of the food in one of the blanks beside the food group.

rice	ham	egg	turkey
mayonnaise	pasta	ice cream	skim milk
broccoli	soft drink	cottage cheese	oatmeal
refried beans	zucchini	grits	squash
cornflakes	shrimp	chocolate cookies	hamburger patty
yogurt	tortilla	raisins	chocolate milk
potato	apple		

Fats and Sweets

1 _____
2 _____
3 _____

Meat, Poultry, Fish, Eggs and Beans

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Milk and Cheese

1 _____
2 _____
3 _____
4 _____
5 _____

Bread and Cereal

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Vegetable and Fruit

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Emotions

DIRECTIONS: Complete the word search puzzle by circling the 10 hidden words associated with emotions in the list below the puzzle. Then write a definition for each word in the blanks provided. The words in the puzzle may appear down, across, diagonally, forward, or backward.

E K J E R V S L D I C F C H O R F N I A
Y C U E S Q L M W R S T Y A Z K L E R M
S V J I A U A O H Q H B K N W K Z E A N
M T X R I L R H T K P I S X V D G J G R
D B P V E R O M V A Z L V I I W J I H Y
D D S W O P I U X E M Q L E A N Z P W Y
C U F S C L A A S W P Q K T I Z P Y J N
T G H A K W I Z F Y I V L Y Q S U M T Q
R F J E Z P W S E F X M V K M Y Y C F U
G T U R T X K Y X K E M T T X I H A V I
C F H N F X B O J D V L V L K U S W Y T
U A F B O G P L G K U A T Q K C Q O C O
P L E A S U R E P K K H A I I M I R P R
S R P H F W Y T F G O P C I O T C R E L
Z F Q I H T Q X W Y Y N G Q K N X Y M L
T R P I N J X V H V Q R N L M V W L U A
Q K O H T U I S O W Q P Q O R Y X S H S
Z M M C O M X B W R V G D V O Y P R G S
J O Y J Z N J I W X Z J I E E H M P L V
F J W E J Q U S T N E O A E B C W X P B

THERE ARE 10 WORDS HERE - CAN YOU FIND THEM?

HERE ARE THE WORDS TO LOOK FOR:

AFFECTION _____
ANXIETY _____
JEALOUSY _____
LOVE _____
SORROW _____
ANGER _____
FEAR _____
JOY _____
PLEASURE _____
WORRY _____

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Hazards of Tobacco Use

Form of Tobacco	Risk Involved in Use
Cigarettes	Increase death rate—twice as high for non-smokers than for smokers
	Increase death rate from lung cancer—ten times as high for non-smokers than for smokers
	Are the major cause of coronary heart disease
	Aggravate and speed development of atherosclerosis
	Cause emphysema
	Are injurious to unborn children
Pipe and Cigars	Cause greater risk of lip cancer and cancer of the mouth
Chewing Tobacco and Snuff	Cause leukoplakia (soft mouth tissue becomes wrinkled, thickened and white)
	Can cause oral cancer
	Cause tooth decay (especially with sweetened tobacco)
	Contribute to receding gums
	Discolor teeth
	Decreases ability to taste bitter, salty, and sweet foods
All forms (Nicotine is in tobacco juice as well as in tobacco smoke.)	Affect nervous system
	Affect heart and circulatory system
	Increase risk of stroke and heart attack
	Are habit forming

Know Your Limit

Each year more than 28,000 Americans die in alcohol-related traffic accidents in the United States. Drinking drivers kill more people in the United States than are killed in all crimes of violence put together; the car has become more deadly than the gun!

Weight	Drinks (two hour period) 1 ozs. 80% Liquor or 12 ozs. Beer					
100	1	2	3			
120	1	2	3	4		
140	1	2	3	4		
160	1	2	3	4		
180	1	2	3	4	5	
200	1	2	3	4	5	
220	1	2	3	4	5	6
240	1	2	3	4	5	6

CAUTION
BAC* TO .05

DRIVING IMPAIRED
.05-.09

LEGALLY DRUNK
.10 and UP

*BLOOD ALCOHOL CONTENT

Adapted from an advertisement by: The Corpus Christi Caller-Times

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Health-Care Occupational Qualities

DIRECTIONS: The scale below lists 14 desirable and undesirable qualities of health-care personnel. Complete the scale as follows: (1) fill in the blanks with antonyms of words on the opposite end of the scale, (2) circle the number that you think represents the importance of each quality in relation to the various health-care occupations, and (3) rank your own qualities by circling with a different color pen or pencil.

UNDESIRABLE							DESIRABLE
1. _____	1	2	3	4	5	6	Caring
2. Thoughtless	1	2	3	4	5	6	_____
3. _____	1	2	3	4	5	6	Gentle
4. Immature	1	2	3	4	5	6	_____
5. _____	1	2	3	4	5	6	Patient
6. Uncooperative	1	2	3	4	5	6	_____
7. _____	1	2	3	4	5	6	Accepting
8. _____	1	2	3	4	5	6	Knowledgeable
9. Undependable	1	2	3	4	5	6	_____
10. _____	1	2	3	4	5	6	Ambitious
11. Unreasonable	1	2	3	4	5	6	_____
12. _____	1	2	3	4	5	6	Responsible
13. Selfish	1	2	3	4	5	6	_____
14. _____	1	2	3	4	5	6	Cheerful

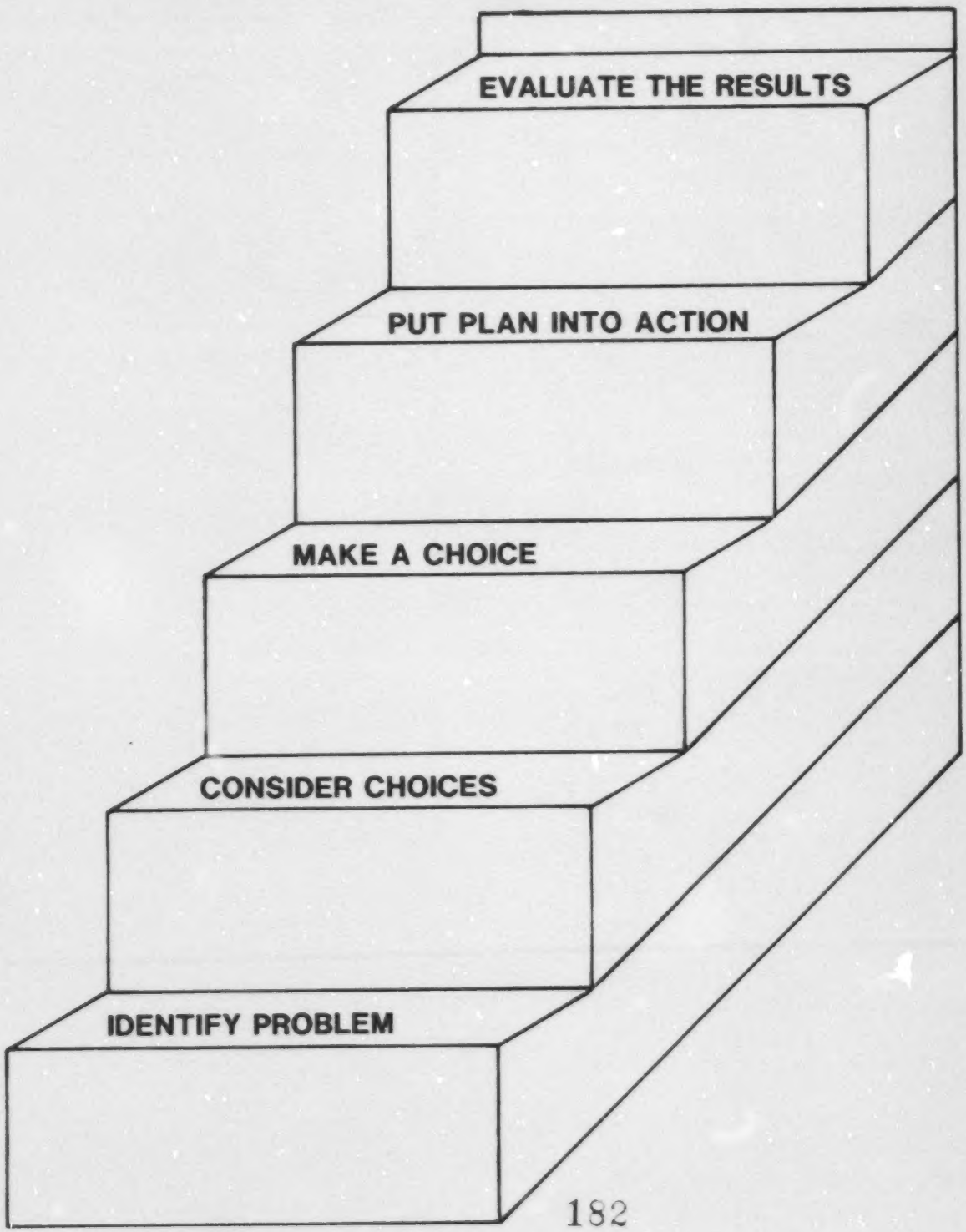
Personal Health Habits

DIRECTIONS: Read the first case situation and write the good and poor health habits from that stiuation in the appropriate columns. Then for each poor health habit, write the improvements needed. Do this for all case situations.

Case Situations:	Habits		Improvements Needed
	Good	Poor	
1. Suzi is playing baseball and is called to dinner by her mother. She immediately runs into the house, throws her baseball mitt down on the table by her plate, and sits down at the table to eat the meal. After she has rushed through her meal she grabs her mitt and runs back outside to finish the ball game.			
2. Juan got out of bed late this morning because he was late going to bed. He was rushed to get to school by 8:30 a.m. and did not have time for breakfast or brushing teeth. At lunch he went to the vending machine for a soft drink and a candy bar.			
3. Mark has been under pressure to complete two projects for an FHA/HERO meeting and also to study for midterm exams. He has been staying up until 2:30 a.m. to complete his work. As a result he has started smoking cigarettes because he thinks they help him relax and get through the day.			
4. Bill went to a party on Friday night and some of the kids were drinking alcohol. They got Bill to join in on a drinking game with them while playing pool.			

Case Situations:	Habits		Improvements Needed
	Good	Poor	
5. Margie has gained 15 pounds and has heard about a new liquid protein diet. She decides to try it. She is very proud to have lost 10 pounds in one week but has little energy and cannot perform her cheerleader routines. She has had to miss cheerleader practice twice during the week because she felt sick.			
6. Maria plays tennis every day after school. She gets at least eight hours of sleep a night and jogs two miles in the morning. Today after school Maria is going to her family physician for her first physical examination in four years.			
7. Shelly goes directly home after school and lies down on the couch with a bag of chips and a soft drink to watch her favorite television show. After supper she goes to her bedroom to do her homwork. She goes to bed at 10:00 p.m. and gets up the next morning to go to school.			

Steps in Decision Making



Budget for Health

DIRECTIONS: Complete the word search puzzle about health budgeting by finding and circling the words from the word list below the puzzle. The words may appear down, across, diagonally, forward, or backward.

D Z Q R Z I E P N C L G W D N T X N S N D L E Z D X J B O L
R B I Z A F L X A F U M F Q M W M A J S W M C F E M S H C V
Y J H O G F C Z P H G U E R M F Y P E D M M U M W G X Q Y G
N X G P T V H N D E A R Y B V K Q X L Q N A O Y M C C S U J
E P A Y X L P W G P N Z D B J J G C N E I C E V T S E I R J
L U N V G C H Z V R O D K M I C U Y L D N N X U E I O N V F
V G Z Y N U C L L E A Q I T N R Y G R I V W E S T R W T L Z
G U H A U X M W E S M E M T O L T A S E U J N I C E K E X J
B S Z S F T Z M M C R D O A U Q A S M X H E L J C X B R T G
N A S L E H J R F R H T U N I R O K I Z P I A N R M R E W W
H U L G D C P U W I V O S J J R E U C X B T A I D N S S Y Q
K U D A W Q W X X P G O V H G I L S E A X R P G M T U T J O
K U J V N E F Y H T J L F M C F I D I W U E H H F M E G C W
B F T U L C V V Q I Q J K I V D E L Q S I X Y Y Y E I U N Z
S C H P I U E P K O K B Y G S X G N N H G T S H S L N W B C
R I V X M M N S B N E K X M I L M I D J A L I L M V V A V A
E Z R Z E C J D H S G M J F E E H G N C A M C G O Q E L R C
H M F S D M C V R E T M E K R T Q S M H E C I A A N S G W A
U I T F I S D L L E E Q Q R L J T S O N P G A K R C T Q A L
R D P P C I K I H N N T U A G E P M T Y U P N Y Y S M H Q H
U D C T A J O Y P R F E E H S E Y E X A D K S O A W E E R V
F A J E I E R N A S Z H T S V U N A C S V D C W K L N E E N
U O P E D R R O K S J R A I O E A C M Z I W O Y B O T P V W
H O S P I T A L C O S T S K N L Z U Y P J O S E V R S G L N
U D H F S S E F T C Q U O T G C Y L T F L V T V T S D L A U
R M T D A W J M Z Q T Z I N A G O V B R U X S E D B J K Y O
C J T J S N A I X B A U H P M M I M H K N N G O S T S P C D
X T M X X X F Q J R X S F Z X G L M E Y R J D G H H X J M G
U K Y M E D I C A R E P K Z G T P B J J I T Q S M F G I F A
U Y F U X W T F F O S A B I Q T F S K U C G U P V O S M A O

THERE ARE 18 WORDS HERE--CAN YOU FIND THEM?

HERE ARE THE WORDS TO LOOK FOR:

ASSETS
BALANCE SHEET
BUDGET
EMERGENCY FUND
EXPENDITURES
FIXED EXPENSES
GROSS INCOME
HEALTH INSURANCE
HOSPITAL COSTS
INTEREST
INVESTMENTS
LIABILITIES
MEDICAID
MEDICARE
NET INCOME
PHYSICIANS COSTS
PRESCRIPTIONS
TAXES

Factors Affecting Family Health Decisions

DIRECTIONS: List ways in which the following factors may or may not affect family health decisions.

1. Amount of family income:

2. Amount of money available (savings):

3. Free or community services available:

4. Expenses or debts:

5. Number of people in family:

6. Health insurance coverage:

7. Government services available:

8. Group health insurance from place of work, credit union, or bank:

9. Age of family members:

10. Education level of head of family:

11. Age of parent(s):

12. Marital status of head of household:

13. Costs of health care:

14. Trends in health care:

15. Religious beliefs:

16. Government insurance:

17. Past illnesses:

18. Present illnesses:

19. Preventative medicine practiced in the home:

20. Attitudes toward medical care:

21. Relationship with doctors, dentists, or other health professionals:

22. Standard-of-living:

23. Level-of-living:

24. Access to health services (location, transportation, etc.)

Medical Records

DIRECTIONS: Complete the word search puzzle about medical records by finding and circling the words from the word list below the puzzle. The words may appear down, across, diagonally, forward, or backward in the puzzle.

L J C M S V L F J G Q P M D Q Q Q F G J M Q E A O A J Y M E
B I D F U P M Q E D Z N Y O S S K P Z X D O K H Z U E J Q K
R C Y E E S Y A K W N C M L Y B M K L C J W C M M Y K V A L
L A D M N U A S J K Y C L Q C L W X X U H H M M B T G Z T X
O E R S Y T Q Q Y O L W D M J F S Q G W B V T L X U D R C X
J A M M J X I P D H R Q C J N I Y C K W E Q C D Q Q X O C X
E G C J I N J S R P C I T T A L F J W D Q I I V W X E B Q S
E F S Y M U G N T X O D L N W V D F M M D K G S P E W U Q M
U N H L X Z C H E S X A A L H H A X S J T V L H B E B S X S
W Y I G F M P N U W N A Q T N A L L E R G I E S T E R B N X
T A K C O R U V V P Q A R J E E J W G P D I W D F I E O K R
P H Y S I C I A N S N A M E H O S P I T A L I Z A T I O N A
K Q X U L F I F Z V Q F V E V G F S O A R G Z E K T K Y U Y
O V J W G J V L Y U T R G Y B Z M B E C S M O Y P L N W C R
Y D X Y C X N I F K N D J I G Q Y Q I S D B Y I N A D F G E
D B E F U A Y Y C T A T R S D C A T T R C Y R J W B M C H C
O E G Q L H V N Q O L H S F H U W U G T T C U R U T C F G O
D K N O C Z D W O X U N Y I W Y Y Z M C S H U Z Z E U N Q R
F R B T A F X U J H O I U Y S H U K E E O M Q N B S Z I L D
S D D M A Q M P I S K C R R E K T R R U C Y P X T D R C B
W X C V Q W N T T C J Z U Q I M P R R C E X H B R N K E V
D Q S Z L R A N P X J O A O G D R X R I G A F O E F I Y I
V V Y B Z Z E L P F V M Z V H Y F G O Z H U D N C D J H F
V Y E Q W D R C Q I A C M C T D B F L F R L A F O B S P J
Y J J Z N I B U X O D Y F X J X G G J D L F E O V R O R J Z
I Z L U C Q O W Y I R R G S V O Y B N A M E K J H D Y C L Y
S Q M C K A B R M N X D P E S B J N Q S H X N Y V P T G A L
O M A Y U Z K T H N H B Q O F S E Q E K N K U A C W H U C P
I R O S C H R O N I C D I S E A S E S B L O O D T Y P E Q F
D D U B U G M H I L Y Z M E D I P T L J C M Y G H J X E Y L

THERE ARE 17 WORDS HERE--CAN YOU FIND THEM?

HERE ARE THE WORDS TO LOOK FOR:

ACCIDENTS
ALLERGIES
BLOODTYPE
CHRONIC DISEASES
DATE OF BIRTH
DENTAL RECORD
DENTISTS NAME
HEIGHT
HOSPITALIZATION
IMMUNIZATIONS
LAB TEST RECORD
MAJOR ILLNESSES
NAME
PHYSICIANS NAME
PRESCRIPTIONS
WEIGHT
XRAY RECORD

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Medical Records Information

Name:_____ Blood Type:_____

Immunizations:	Doctor	Date	Vaccine
Allergies:	**Doctor**	**Date**	**Medication**
Medical Visitations (specify purpose)	**Doctor**	**Date**	
Dental Visitations (specify purpose)	**Dentist**	**Date**	
Hospitalizations (specify purpose)	**Doctor**	**Date**	**Hospital**
Major Illnesses	**Doctor**	**Date**	

Health Monitoring Schedule for Children

Immunization for Children

Age	Immunization
2 months	Diphtheria,Tetanus,Pertussis DPT (1st) and oral polio (1st)
4 months	DPT (2nd) and oral polio (2nd)
6 months	DPT (3rd)
15 months	Measles,Mumps,and Rubella
18 months	DPT (4th) and oral polio (3rd)
4-6 years	DPT (5th) and oral polio (4th)
14-16 years	Tetanus-Diphtheria booster

Health Monitoring Schedule For Adults

Age	Complete Physical Examination*
Men	
18-24	Once
25-39	Twice (about age 30 & 35)
40-59	Four (once every 5 years)
60 and above	Every year
Women	
18-20	Once
21-40	Every 3 years (following 2 negative pap test,a year apart)
41-50	Every 2 years
50 and above	Once a year

*These recommendations are for essentially healthy people. Those with high risk factors or other problems should follow their doctors suggestions as to a healthy time schedule for them..

Drug Combination Hazards

This Drug	Mixed With. . .	Can Cause
Aspirin	Alcohol	Stomach bleeding
Darvon	Cigarette smoking	Reduced pain relief
Alka-2, Gelusil, Rolaids, Tums	Tetracyclines	Infections may continue
Antacids, Gelusil, Rolaids, Tums	Iron preparations (for anemia)	Anemia may continue
Contac, Histapan, Teldrin	Alcohol	Drowsiness
Antibiotics	Alcohol	Headache, nausea and vomiting
Ampicillin	Citrus fruit juices	Reduced absorption, infection may continue
Tetracyclines and Mycins	Milk and dairy products	Reduces absorption; infection may continue
Antidiarrheals (Lomotil)	Barbiturates, sedatives and tranquilizers	Increased drowsiness, sedation or hypnosis
Birth control pills	Ampicillin and barbiturates	Ineffectiveness of birth control pills
Barbiturates, sedatives, and tranquilizers	Alcohol	Drowsiness to death
Penicillin	Food	Reduced effectiveness (take 1-2 hours before meal or 2 hours after meal)

This list is just a sample of hazardous combinations of drugs. Ask a physician or pharmacist for further information.

Potential Home Emergencies

HOME SAFETY HAZARDS	POTENTIAL HOME EMERGENCY	PREVENTION
1. Frayed electrical cord on lamp.		
2. Poisonous house plants.		
3. Poisonous cleaning products.		
4. Cigarette burning unattended.		
5. Medicine within reach of small children.		
6. Car left running in a closed garage.		
7. Lawn mower left unattended while running.		
8. Grease heating unattended in the kitchen.		
9. Bicycles or skates left on the front walk.		
10. Toys scattered on stairway.		

Fire Prevention Checklist

	YES	NO
1. Smoke detector installed and working properly.		
2. Electrical equipment away from walls, curtains, and other flammable materials.		
3. Portable heaters in good repair and away from flammable materials.		
4. Rubbish cleaned out and stored in proper trash cans.		
5. Oily rags stored in closed metal container(s).		
6. Combustible materials stored outside of the house.		
7. No flammables near stove, furnace, fireplace, or other heat sources.		
8. Outdoor electrical equipment weatherproofed.		
9. Electrical cords in good repair.		
10. Electrical plugs in good repair.		
11. Electrical wiring not overloaded.		
12. Radio and TV grounded.		
13. Right-sized fuses used.		
14. Stove clean and free from grease.		
15. If gas stove, no gas leaks.		
16. Furnace in good repair.		
17. Chimney clean and free from ashes.		
18. Screen over fireplace opening.		
19. Dryer free from lint.		
20. Debris cleared from yard.		

Application for Employment

PRINT NAME — LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS — ST. & NUMBER	CITY	STATE, ZIP	TELEPHONE NUMBER
PLACE OF BIRTH			DATE OF BIRTH

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12

GIVE NAME AND ADDRESS OF HIGH SCHOOL ATTENDED

NAME AND LOCATION OF COLLEGE, UNIVERSITY OR TRADE SCHOOL	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED

LIST PREVIOUS WORK EXPERIENCE

NAME OF FIRM OR ORGANIZATION	FROM MONTH	FROM YEAR	TO MONTH	TO YEAR	HOURLY WAGE
STREET ADDRESS					STARTING
CITY AND STATE					FINAL
NAME & TITLE OF IMMEDIATE SUPERVISOR	TITLE:				
REASON FOR LEAVING	JOB DUTIES:				

NAME OF FIRM OR ORGANIZATION	FROM MONTH	FROM YEAR	TO MONTH	TO YEAR	HOURLY WAGE
STREET ADDRESS					STARTING
CITY AND STATE					FINAL
NAME & TITLE OF IMMEDIATE SUPERVISOR	TITLE:				
REASON FOR LEAVING	JOB DUTIES:				

PERSONAL REFERENCES REGARDING YOUR CHARACTER AND ABILITY

FULL NAME	BUSINESS OR HOME ADDRESS	OCCUPATION

Personal Characteristics for Job Success

- Physical Health
- Emotional Health
- Competence
- Attitude
- Initiative
- Optimism
- Cooperation
- Moral Standards
- Dependability
- Gratitude
- Loyalty
- Willingness
- Interest
- Enthusiasm

How Communicable Diseases Spread

Disease	Method of Transfer
Chicken Pox	Usually viewed as a childhood disease, but adults may have it. Spread by direct contact or airborne transfer. Symptoms appear 2-3 weeks following exposure.
Common Cold	Spreads easily by direct or indirect contact. Symptoms appear within 24 hours.
Gonorrhea	Spreads by direct sexual contact or transfer from mother to infant during birth process. One attack does not provide immunity. Symptoms appear in 3-9 days.
Infectious Hepatitis	Spread by direct contact, blood transfusions, contaminated syringes and needles, and by contaminated water, food, and milk. Symptoms develop from 10-40 days later.
Infectious Mononucleosis	Believed to be spread by nose and mouth discharges. Symptoms usually appear in 4-14 days.
Influenza	Spread by direct contact or through discharges from nose and mouth. Vaccines effective when they closely match the prevailing strain of virus. Incubation period is usually between 1-3 days.
Measles, 3-day or Rubella	Direct contact with infected persons and indirect contact with soiled articles from nose and mouth. Gamma globulin gives some protection. Hazardous during first 4 months of pregnancy. Appears in 14-21 days.
Measles, Rubeola	Spread by direct contact, indirect contact with soiled articles from nose and mouth, and possibly through airborne transfer. One attack usually confers immunity. Symptoms appear in 10-14 days.
Mumps	Spread by direct contact and indirectly by articles soiled with saliva of infected persons. Symptoms develop in approximately 18 days.
Rheumatic Fever	How it spreads is unknown; attacks usually caused by strep infection such as strep throat. Symptoms appear in 2-3 weeks following strep infection.
Ringworm	Spread by direct contact with infected persons or pets or indirectly through theater seats, barber clippers, hats, or clothing containing hair from infected animals or persons. Symptoms appear in 10-14 days.
Syphilis	Spread by direct sexual contact. An infected woman may transmit to unborn child. Incubation period from 10 days to 10 weeks, usually 3 weeks.
Tetanus	Usually enters body through an injury such as a cut or puncture. Symptoms appear in 4 days to 3 weeks.

Communicable Disease Symptoms

DIRECTIONS: Match the symptoms with the correct communicable disease by placing the corresponding letter in the blank to the left of the description. Each answer will be used one time.

SYMPTOMS

____ 1. Coughing, fatigue, weight loss, chest pain, appetite loss, vomiting, chills, fever.

____ 2. Coughing, sneezing, itchy or sore throat, tearing, runny or stopped-up nose.

____ 3. Skin lesions, lymph nodes enlarged, ulcer-like sores on the skin, hard nodules under the skin.

____ 4. Sore throat, fever, fatigue, swollen lymph glands, high count of lymphocytes.

____ 5. Nausea, appetite loss, fever, jaundice.

____ 6. Fever, eruptions of the skin and mucous membranes.

____ 7. High fever, inflammatory infection of mucous membranes, red and blotchy rash.

____ 8. Fever, swelling and tenderness of the parotid and other salivary glands.

____ 9. Genital mucous membranes inflammed, burning sensation during urination.

____10. Chills, weakness, fatigue, fever, headache, backache, sore throat, dry cough.

____11. Fever, headache, shaking chills, sharp pain in chest, cough, shortness of breath, painful breathing.

DISEASE

A. Chicken pox

B. Common cold

C. Gonorrhea

D. Infectious mononucleosis

E. Influenza

F. Measles

G. Mumps

H. Pneumonia

I. Syphilis

J. Tuberculosis

K. Viral hepatitis

Temperature Facts

T The normal body temperature varies from 97° F to 99° F and is usually 98.6°F.

E Emotions, water intake, weather, food, and clothes can affect body temperature.

M Measurement of body temperature can be by mouth, rectum, axilla (underarm), or groin.

P Patient with fever should be kept quiet and comfortable.

E Early evening is the time of day when body temperature will be highest and 4:00 a.m. is when it will be lowest.

R Rises in temperature can be gradual or sudden.

A Accuracy in measuring body temperature can best be attained by use of a rectal thermometer.

T Thermometers are used to measure body temperature.

U Use careful and sanitary procedures when cleaning thermometers.

R Rapid falls in temperature may cause shock.

E Evaporation of body fluids can cool the body and cause a fall in temperature.

F Fevers can be low grade (100°F) or high grade (103° - 105°F or above).

A Always consider body temperature and respiration together because of their relationship to each other.

C The most common cause of a change in temperature is the body's defense against infection and poisons.

T Treatment for a fever centers around the cause, not the fever.

S Sub-normal temperature is below 98.6°F.

Do's and Don'ts for Medications

DO:

- Understand the doctor's orders clearly.
- Read the label on the container thoroughly.
- Give medication on time.
- Give medication in proper dosage.
- Ask the doctor if a generic drug can be prescribed (generic drugs are cheaper than brand name drugs).
- Be careful in mixing food and drugs (ask a doctor or pharmacist for a list of foods and liquids that do not mix with the drug).
- Know what precautions to take with specific drugs (examples: stay out of sun, take with liquid, take on empty stomach, avoid alcohol, etc.).

DON'T:

- Give medication to any person other than the person that it is prescribed for.
- Give medication if you are not sure about the drug, the dosage, or how to give it.
- Mix medications without consulting the doctor or pharmacist (if more than one doctor is being used, each doctor should be made aware of all medications prescribed).
- Ignore unexpected side effects while taking medication (consult the doctor).

Resources for the Disabled

National Paraplegia Association

American Association of Workers for the Blind

National Institute of Mental Health

American Heart Association

Institute for the Crippled and Disabled

The Arthritis Foundation

American Diabetes Association

National Association for Retarded Children

American Hearing Association

National Society for the Prevention of Blindness

American Occupational Therapy Association

National Association for the Deaf

American Speech and Hearing Association

American Cancer Society

United Cerebral Palsy Association

National Multiple Sclerosis Society

Muscular Dystrophy Association of America

Association for the Aid of Crippled Children

National Epilepsy League

National Rehabilitation Association

Parkinson's Disease Foundation

American Physical Therapy Association

Water Pollution In Your Community ?

DIRECTIONS: As an interested and responsible citizen of the community, how many of the following questions can you answer?

Are wastes treated?
Does your community have a sewage plant?
What kind of treatment is provided–primary or secondary?

Do wastes escape?
In normal dry weather, is some sewage bypassed into the stream?
In wet weather, when pipes and plants may be taxed by stormflow, is some sewage bypassed?
What percentage? How often does this occur?

Adequate staff?
Does your waste treatment plant have enough qualified employees to operate it efficiently on a 24-hour, 365-day basis?

Proper training?
Does your state provide training programs for plant operators?
Does your plant (if it is large enough) provide in-plant training? If so, are the programs utilized?
Does your community pay for such training courses?

Staff certified?
Does your state or other agency have certification requirements for plant operators?
Does your community live up to these requirements?

Adequate plants and sewers?
How many homes are not connected to sewer lines?
How many sewer lines are not connected to a waste-treatment plant?
Is the plant itself modern and up to date?
Does your community prohibit connection to roof and other stormwater drains?

Presence of hazardous chemical wastes?
Is the level of these wastes being monitored?
Can they be removed by the existing water-treatment plant?
What are the sources of these chemical wastes?

Future needs?
Has your community drafted a plan to build new sewers and new plants as its area grows?

Source: *Focus on Clean Water* (Washington D.C.: U.S. Dept. of Health, Education and Welfare, Public Health Service Publication No. 1184), p.8.

Common Physical Changes During Aging

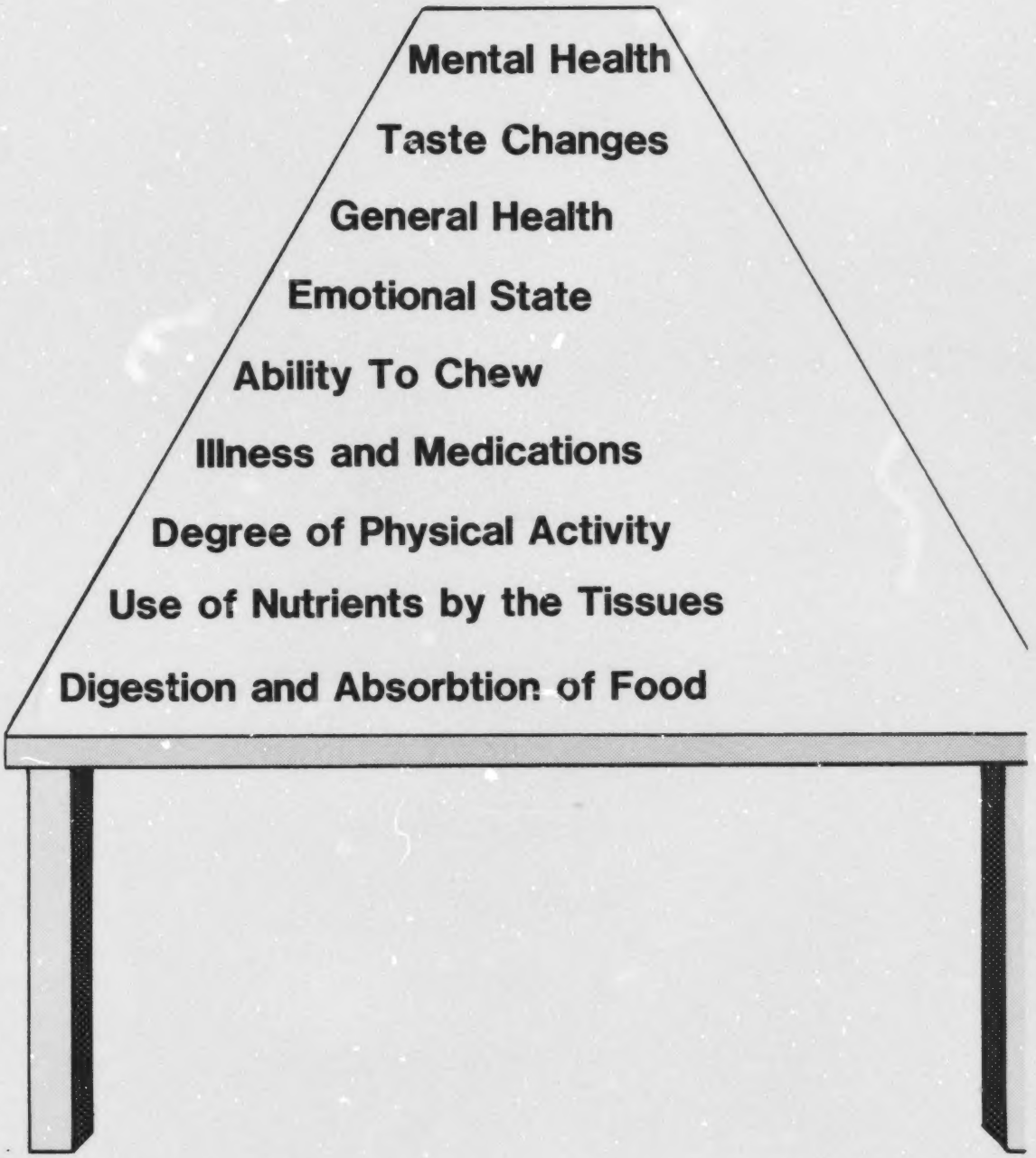
EXTERNAL CHANGES:

- Hair
- Skin

INTERNAL CHANGES:

- Bones
- Joints
- Blood Vessels
- Ligaments, Tendons, and Cartilage
- Lungs and other Organs
- Vision
- Hearing
- Taste and Smell

Elderly Dietary Requirements



Services Available for the Elderly

VOLUNTEER SERVICES

HOME HELPERS	Provides personnel to perform regularly scheduled household services (except nursing) according to the needs of the elderly.
MEALS ON WHEELS	Brings hot ready-to-eat meals to the homes of elderly persons.
TRANSPORTATION SERVICES	Arranges free rides for elderly persons who are unable to drive themselves or who cannot find a ride from friends or relatives.
CALL CHECKS	Checks the welfare of homebound elderly through daily phone calls.

BUSINESS SERVICES

DAY OR NIGHT SITTERS	Family members can arrange for constant or hourly care for homebound elderly.
DAY CARE CENTERS	Families who are away from home during the day can schedule day care for elderly family members.
SHELTERED WORKSHOPS	Families can provide for their fit elderly to continue to perform light work in a supervised area.
LIFE LINE	Family members can rest easy knowing that 24 hour emergency care can be summoned immediately by an automatic phone device worn by the elderly person.

Family Adjustments in an Extended Family

Financial Considerations

They could mean the difference between:

Family Stress

Physical Problems

Time Considerations

Emotional Well-being

Logistical Problems

Space Considerations

Lifestyle Changes

HOPE

Family Togetherness

DESPAIR

Isolation

Patient's Rights *

THE HOSPITAL PATIENT HAS THE RIGHT:

- To considerate care.
- To complete and understandable information about the diagnosis, treatment, and prognosis of one's case.
- To be given all necessary information regarding consent to treatment.
- To refuse treatment.
- To have one's privacy respected and one's records kept confidential.
- To refuse to participate in any proposed experimentation affecting treatment.
- To reasonable continuity of care.
- To an explanation of one's bill.

*Adapted from "A Patient's Bill of Rights" by the American Hospital Association.

The Grief Process for Family and Friends

The stages of grief as set forth by Granger Westberg in his book entitled GOOD GRIEF are listed below.[1] Westberg gives the following guidelines for understanding these stages:

- A person may be involved simultaneously in more than one stage.
- Grieving is not necessarily a stepwise or orderly process.
- Probably not everyone goes through all of the stages; but, in general, experiencing most stages is necessary for later complete adjustment.

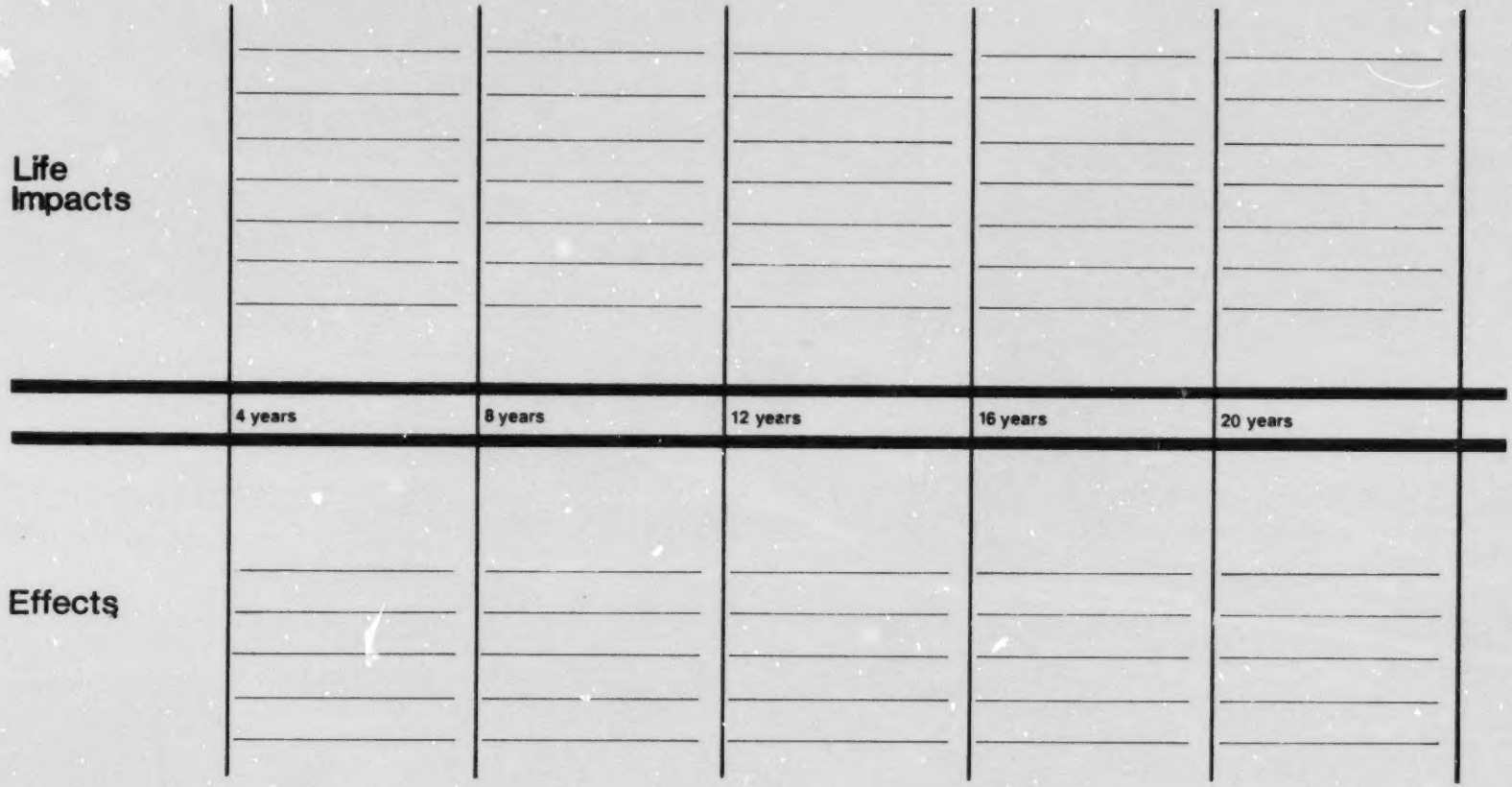
STAGES OF GRIEF

1. Shock/disbelief
   - may last a few hours or days
   - is a temporary retreat from what has happened
   - has a merciful numbing effect
2. Emotional release
   - usually crying, sometimes hysterical crying
3. Depression/loneliness
   - sense of alienation, maybe even from God
4. Symptoms of physical distress
   - muscular system may seem weak, sense of strength drained
   - digestive problems (more prone to infections and illnesses)
   - cardiovascular system changes; high blood pressure, rapid heart action, changes in body temperature
5. Panic
   - can't think of what to do, has disbelief again
   - feels that it can't have happened
6. Guilt feelings
   - characterized by wishful thinking, regret about what was or was not done
   - heightened because the grieving person can no longer make up to a person who is dead
   - expressed in terms of anger toward others
7. Hostility and resentment
   - directed toward hospitals, doctors who were involved, or against one's friends and contemporaries who have not so acutely experienced the loss
8. Inability to return to usual activities
   - everything seems impossible and too hard
   - grieving person wonders if it is worth it
9. Reconciliation
   - a very positive step
   - grieving person begins to adjust, adapt
10. Struggle to adjust to reality
    - acknowledges that death has happened, but she/he is still living
    - seeks substitutions, not as a replacement in the sense that deceased never existed, but rather, in an effort to develop new relationships
    - doesn't mean bereaved person becomes "same old self" again

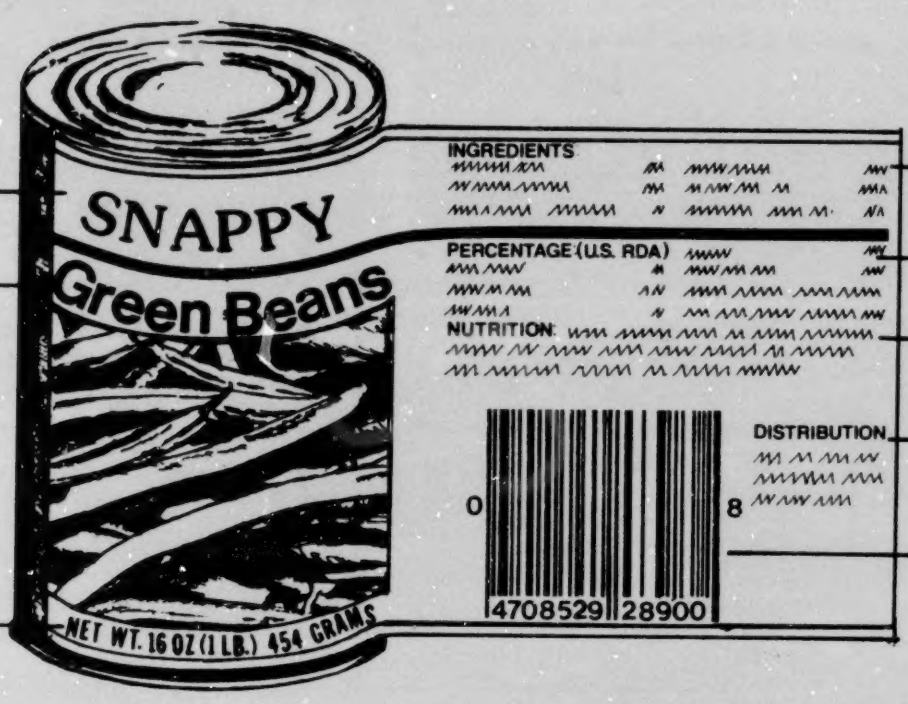
[1]Reprinted with permission from *What's New In Home Economics*, April 5, 1976, 655 15th St. NW, Suite 310, Washington, DC 20005.

Mental Time Line: Life Impacts and Effects

DIRECTIONS: For each four-year interval in the time line below, write one life event that left an impact on your mental development and the effects of that life event.



Label Lingo

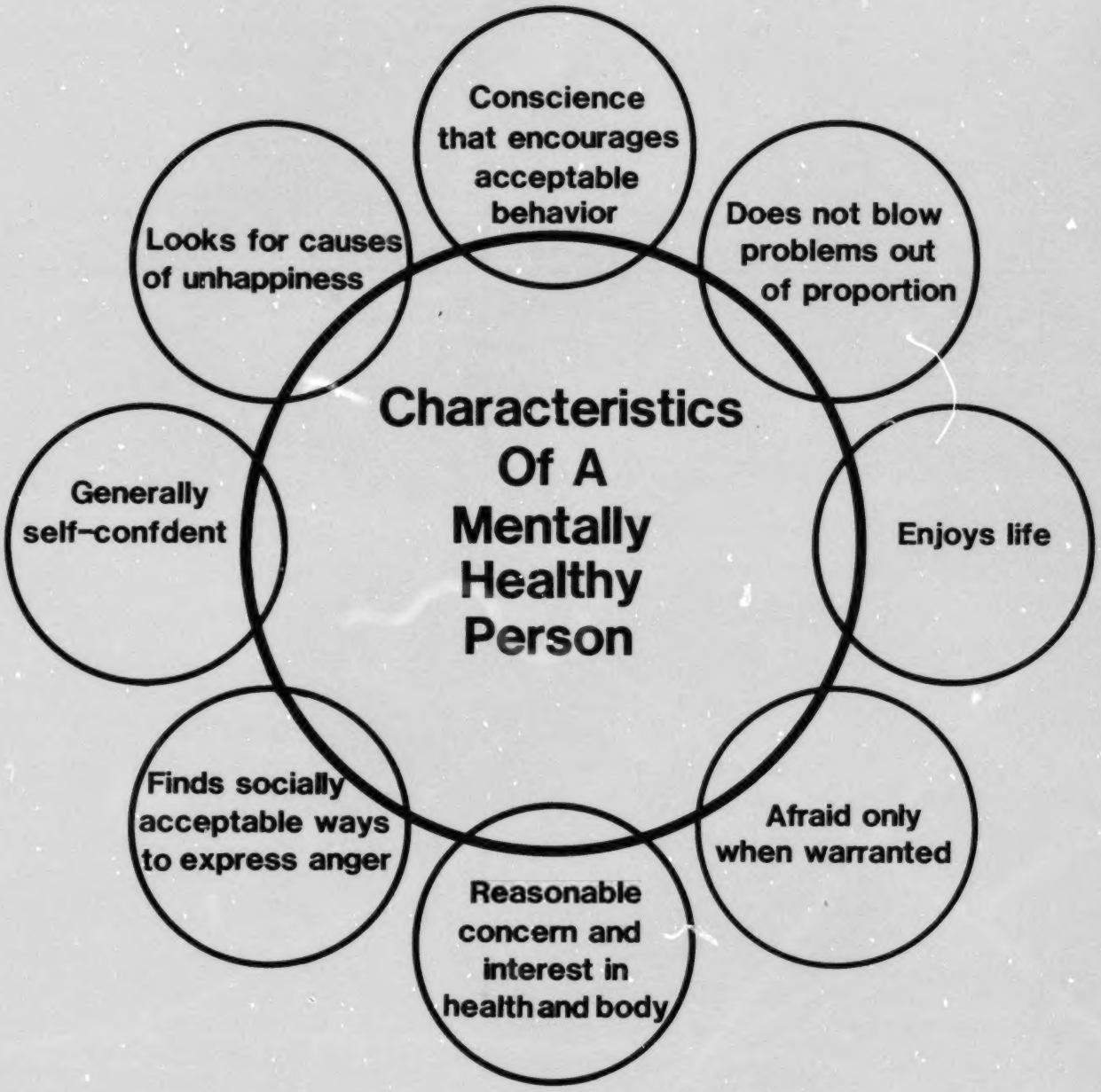


1. Brand Name
2. Legal Food Name
3. Net Weight
4. Ingredients
5. United States Recommended Daily Allowance (U.S.RDA)
6. Nutrition Information Panel
7. Company Name and Location
8. Computer Code

Habits and Tasks for Physical Health

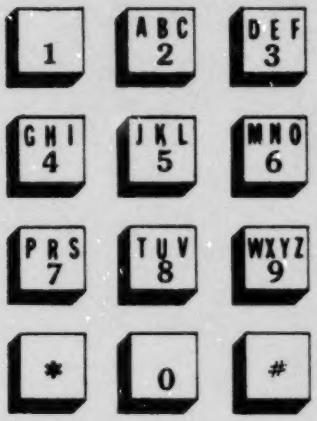
DIRECTIONS: Write habits and tasks which promote physical health in the first column. Refer to textbooks and other resources as needed. Indicate your performance of these habits or tasks by checking the appropriate column: Always, Sometimes, Seldom, Never, and How Often. Also indicate how often the habits and task are performed. Example: twice daily.

HEALTH HABITS/TASKS	ALWAYS	SOMETIMES	SELDOM	NEVER	HOW OFTEN


Characteristics Of A Mentally Healthy Person
Conscience that encourages acceptable behavior
Does not blow problems out of proportion
Enjoys life
Afraid only when warranted
Reasonable concern and interest in health and body
Finds socially acceptable ways to express anger
Generally self-confdent
Looks for causes of unhappiness

Home Safety Tips

DIRECTIONS: Listed below are eight coded statements relating to home safety. The numbers can be decoded into three letters each according to the telephone plate. Unscramble each word in the statement to form a home safety tip. Write the unscrambled statement in the space provided under each coded statement.



1. 9473 87 774557 66 843 35667 46633428359

2. 788 564837 63335337 263 68437 7646833 6253287 2929 9436 668 46 873

3. 84769 2929 868733 429273687 628374257

4. 36 668 53283 2263537 2442738837 67 244277 2876464 8628836333

5. 36 668 68375623 24728487

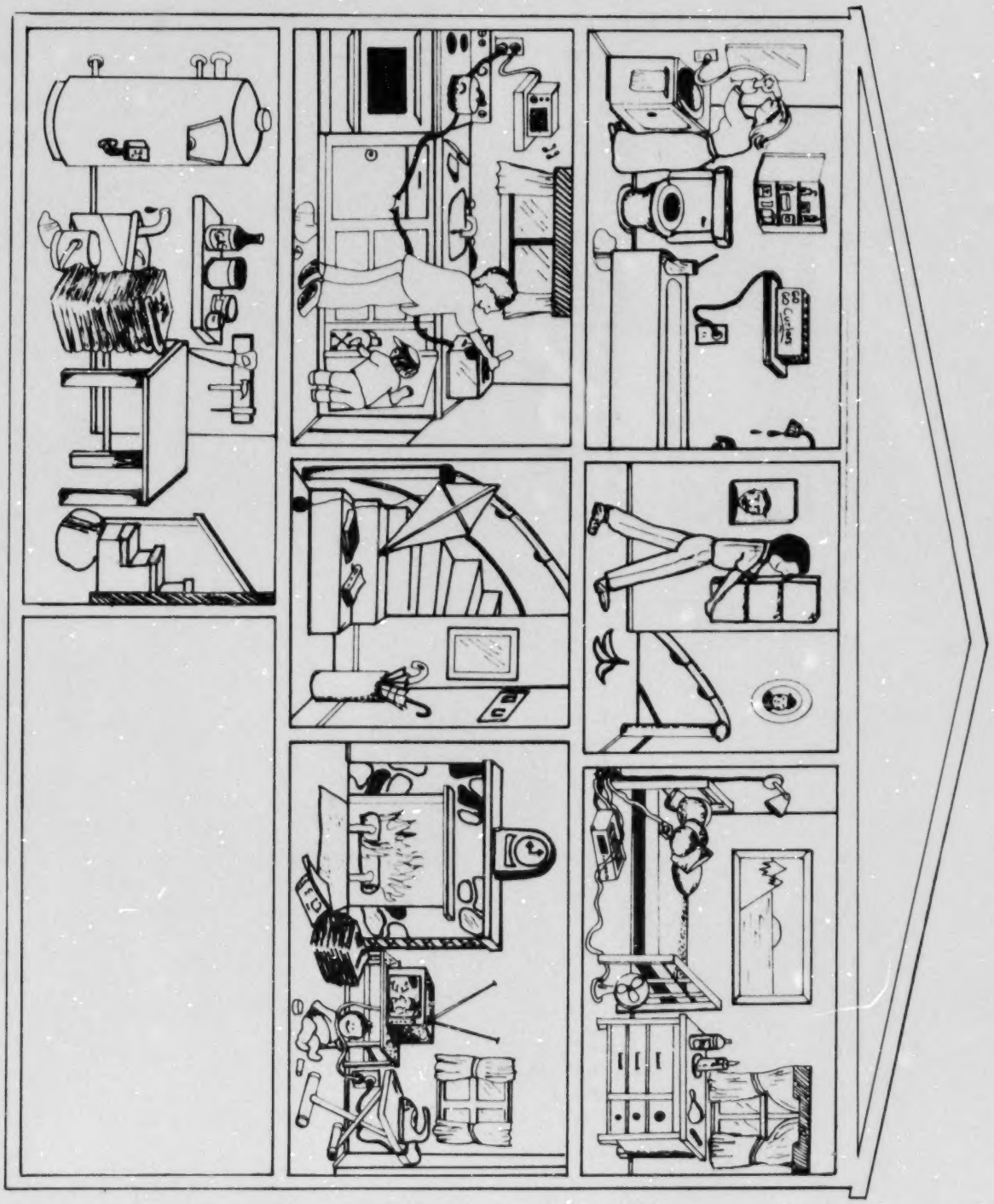
6. 6275 263 78673 255 764766 633424463 263 25326464 7827826237 688 63 244537 367 73224

7. 736683 2588837 3766 8723342 72847

8. 867584 3532874225 2775426237 9436 668 46 873

Home Safe Home?

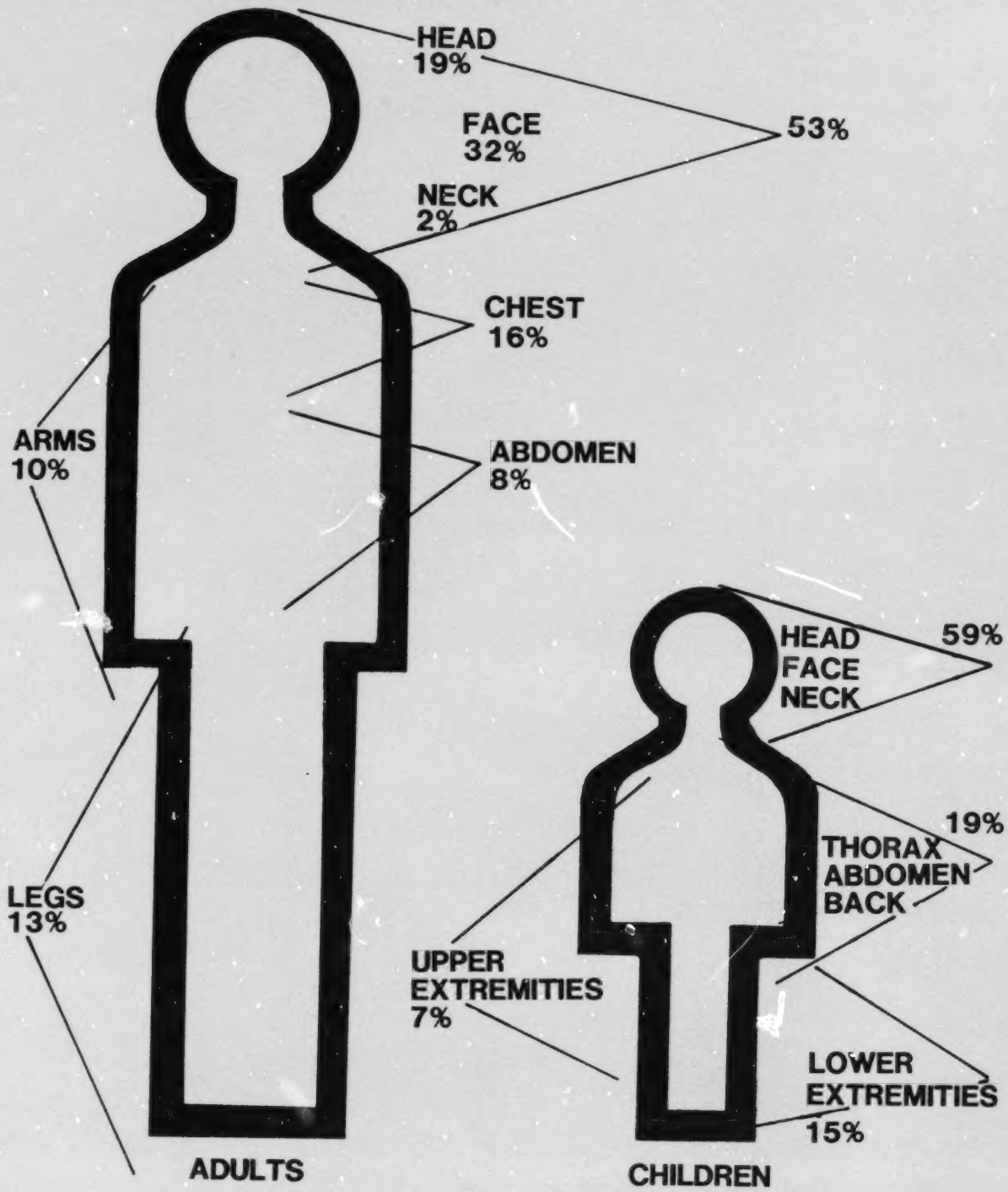
DIRECTIONS: Identify the potential safety hazards illustrated in the house below.



MANAGING TRANSPORTATION NEEDS

PHYSICAL NEEDS	PSYCHOLOGICAL NEEDS
Work	Status
Shopping	Satisfaction
Travel	Prestige
Recreation	Security

Bodily Injuries in Traffic Accidents



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HOW MANY OF THESE FAIRY TALES HAVE YOU TOLD?

You can't believe every story flying around these days. The truth is that *all* driving can be dangerous.

More than 80 per cent of all accidents occur at speeds less than 40 mph. Fatalities involving non-belted occupants of cars have been recorded at as low as 12 mph. That's about the speed you'd be driving in a parking lot.

Three out of four accidents causing death occur within 25 miles of home. Belt up before driving to your shopping center — just as you would for a long trip.

*Reprinted with permission from: Texas Department of Public Safety, Colonel James B. Adams, Director, in cooperation with the State Department of Highways and Public Transportation, September 1982.

"I'm uncomfortable and too confined when I wear a safety belt."

Belts are designed to allow you to reach necessary driving controls, and the newer shoulder belt retractors give you even more freedom. When reaching for things that will take you away from the steering wheel, it's safer to pull off the road or ask your passenger to help.

You'll probably find that any initial discomfort caused by safety belts soon goes away. Eventually, you may even feel *more* comfortable wearing safety belts.

"I might be saved if I'm thrown clear of the car in an accident."

Rubbish! The fact is that your chances of being killed are almost 25 times greater if you're thrown from the car. The forces in a collision can be great enough to fling you as much as 150 feet — about 15 car lengths.

Safety belts can keep you from

- plunging through the windshield
- being thrown out the door and hurtled through the air
- scraping along the ground
- being crushed by your own car.

In almost any collision, you're better off being held inside the car by safety belts.

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"If I wear a safety belt, I might be trapped in a burning or submerged car!"

Fiddlesticks! Less than one-half of 1 per cent of all injury-producing collisions involve fire or submersion. But if fire or submersion does occur, wearing a safety belt can save your life.

If you're involved in a crash without your safety belt, you might be stunned or knocked unconscious by striking the interior of the car. Then your chances of getting out of a burning or submerged car would be far less.

You're better off wearing a safety belt at all times in a car. With safety belts, you're more likely to be unhurt, alert and capable of escaping quickly.

"It takes too much time and trouble to fasten my safety belt."

Now there's a fairy tale that's an earful. In reality, fastening your safety belt may take some time and trouble — but not too much. It all depends on

- how complex your belt is
- how well you know how to use your belt
- how difficult it is to find the belt ends.

That much time and trouble you can live with — if you want to live.

Don't be left with egg on your face — or worse. It's true that a lap belt will protect you from serious injury. But a shoulder belt provides important additional protection. During a crash, a shoulder belt keeps your head and chest from striking the steering wheel, dashboard and windshield.

A lap *and* shoulder belt offers you the best possible protection in the event of a crash.

Preventing Home Fires

TO AVOID FIRES AND EXPLOSIONS:

- Check or report any suspicions of gas leaks.
- Don't allow rags or papers to collect, especially if they have been used to wipe up paint, fuel, oil, or other combustible materials.
- Keep flammable materials, rugs, and small children away from space heaters and other fires.
- Don't hang clothes near the stove to dry.
- Don't use ovens for room heat.
- Keep matches in a covered metal container.
- Know where fire extinguishers are and know how to use them.
- See that the first aid box is fully supplied.
- Don't overload electrical outlets.
- Don't use extension cords as permanent connections.
- Don't run electrical wires under rugs where they can fray without being seen.
- Don't smoke in bed or when you might fall asleep in upholstered furniture.
- Check that ashes are cold when emptying ashtrays.
- Watch hot fat carefully and store cold fat away from flame.
- Light matches before turning on gas jets.
- Keep kitchen and equipment clean to prevent fires caused by an accumulation of grease.

Professional Medical Personnel

DIRECTIONS: In the space provided, write a definition for each of the terms listed. Use the extra spaces to list and define additional professional medical personnel.

1. Dentist _____

2. Dermatologist _____

3. Family Practitioner _____

4. General Practitioner _____

5. Gynecologist _____

6. Obstetrician _____

7. Ophthalmologist _____

8. Optometrist _____

9. Orthodontist _____

10. Pediatrician _____

11. Pharmacist _____

12. Psychiatrist _____

13. Radiologist _____

_____

14. Registered Nurse _____

_____

15. Therapeutic (clinical) Dietitian _____

_____

16. _____

_____

17. _____

_____

18. _____

_____

19. _____

_____

20. _____

_____

Medical Treatment, Drugs, and Surgery

DIRECTIONS: Complete this form from information found in medical guides, health books, and other resource books. Write concise answers in the appropriate space under each heading. An example is shown under each heading.

MAJOR FIELDS OF MEDICAL SPECIALIZATION RECOGNIZED BY THE AMERICAN MEDICAL ASSOCIATION (include definitions)

Dermatology - the science dealing with the skin and its diseases.

SELECTING A SURGEON (factors to consider)

Certification

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PRE-OPERATIVE PREPARATIONS

Diet Alterations

SURGICAL TEAM MEMBERS AND FUNCTIONS (include definitions)

Surgeon - a specialist who treats diseases through operative measures.

POST-OPERATIVE PROCEDURES

Medication for pain relief

Health Insurance Policies

INSURANCE POLICY	COVERAGE
Hospital Expense Insurance	Covers portion of room and board in addition to the anesthetics, drugs, and the use of the operating room. General nurse is usually covered. Maximum coverage is periods of 60, 90, or 100 days.
Surgical Expense Insurance	Pays part or all of the surgeon's fee for a given operation. Covers certain amounts on various kinds of operation which are covered by varying insurance premiums. Is often combined with hospital expense insurance.
General Medical Expense Insurance	Pays part or all of the physicians' bills other than for surgery. Covers a doctor's call at the hospital or home, patient's visit to physician's office and usually diagnostic, x-ray film, and laboratory fees. Usually a maximum number of calls the policy will cover.
Major Medical Expense Insurance	Provides payment for heavy medical and hospital bills and picks up where hospitalization and surgical plans leave off. Designed to prevent wiping out personal savings. Policies usually contain a deductible provision.
Loss of Income Insurance	Helps to replace income lost due to disability or a period of illness and usually covers basic costs of living. Is usually written for the family breadwinner.

Medical Records Information

Name:_____ Blood Type:_____

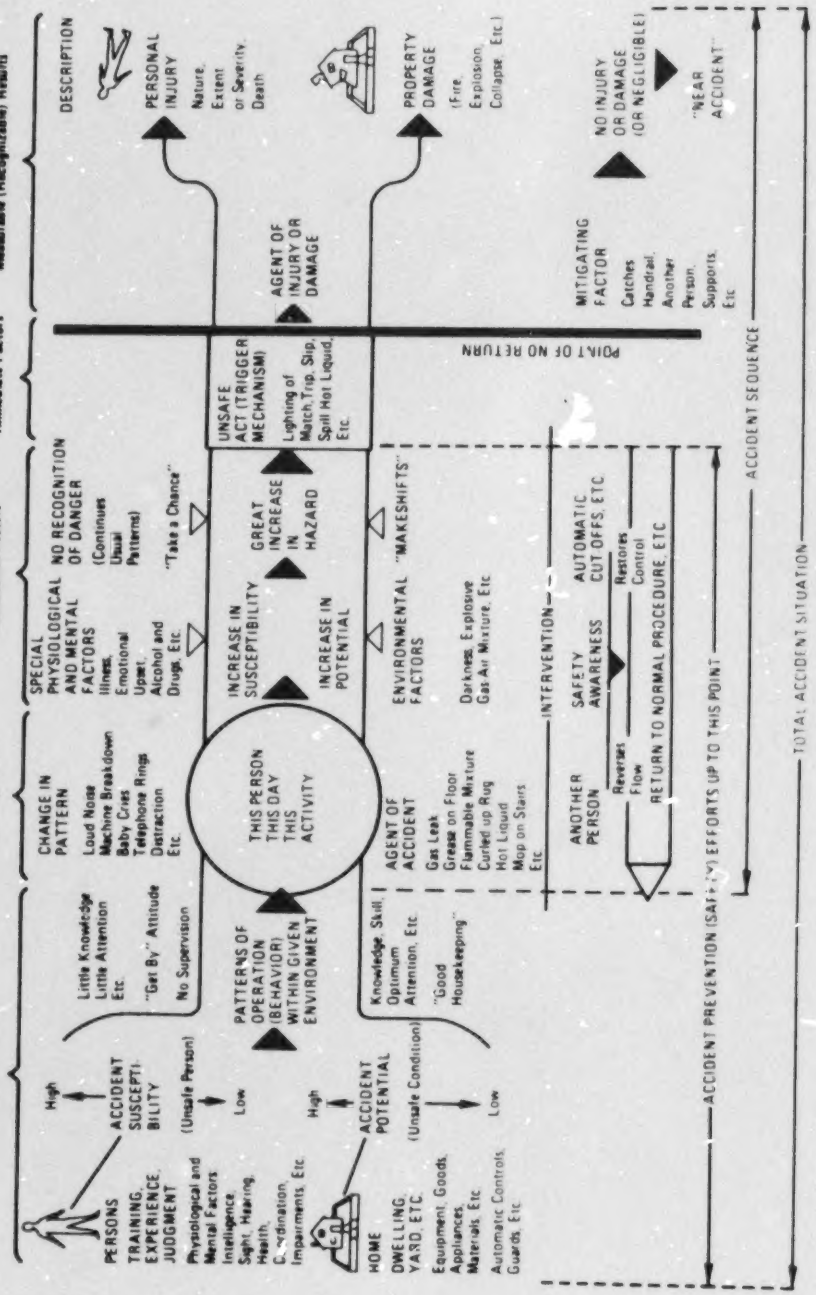
Immunizations:	Doctor	Date	Vaccine
Allergies:	**Doctor**	**Date**	**Medication**
Medical Visitations (specify purpose)	**Doctor**	**Date**	
Dental Visitations (specify purpose)	**Dentist**	**Date**	
Hospitalizations (specify purpose)	**Doctor**	**Date**	**Hospital**
Major Illnesses	**Doctor**	**Date**	

Leading Causes of Death (all ages)

	No. of Deaths	Death Rate[2]
All Ages	**1,899,597**	**878**
Heart disease	718,850	332
Cancer	386,686	179
Stroke	181,934	84
Accidents	103,202	48
Motor-vehicle	49,510	23
Falls	13,773	6
Drowning	7,126	3
Fires, burns	6,357	3
Other	26,436	13
Under 1 Year	**45,975**	**1,485**
Anoxia	10,604	335
Congenital anomalies	8,420	266
Complications of pregnancy and child-birth	5,786	183
Immaturity	3,714	117
Pneumonia	1,665	53
Accidents	1,173	37
Ingestion of food, object	275	9
Motor-vehicle	253	8
Mech. suffocation	206	6
Fires, burns	159	5
Other	280	9
1 to 4 Years	**8,307**	**69**
Accidents	3,297	27
Motor-vehicle	1,219	10
Drowning	650	5
Fires, burns	608	5
Ingestion of food, object	168	1
Falls	121	1
Other	531	5
Congenital anomalies	1,066	9
Cancer	631	5
5 to 14 Years	**12,579**	**35**
Accidents	6,305	17
Motor-vehicle	3,142	9
Drowning	1,110	3
Fires, burns	550	1
Firearms	344	1
Other	1,159	3
Cancer	1,733	5
Cogenital anomalies	676	2
15 to 24 Years	**47,986**	**117**
Accidents	25,619	63
Motor-vehicle	18,092	44
Drowning	2,150	5
Poison (solid, liquid)	709	2
Firearms	665	2
Other	4,003	10
Suicide	5,565	14
Homicide	5,196	13
25 to 44 Years	**103,042**	**182**
Accidents	23,460	42
Motor-vehicle	13,031	23
Drowning	1,690	3
Poison (solid, liquid)	1,349	2
Fires, burns	1,081	2
Falls	956	2
Other	5,353	10
Cancer	16,753	30
Heart disease	14,392	25
45 to 64 Years	**437,795**	**1,000**
Heart disease	153,652	351
Cancer	132,514	303
Stroke	22,926	52
Accidents	19,167	44
Motor-vehicle	8,000	18
Falls	2,245	5
Fires, burns	1,481	4
Drowning	940	2
Surg. complications	865	2
Other	5,636	13
Cirrhosis of liver	17,166	39
Suicide	8,368	19
64 to 74 Years	**445,595**	**3,054**
Heart disease	182,354	1,250
Cancer	115,587	792
Stroke	37,896	260
Diabetes mellitus	9,611	66
Accidents	9,006	62
Motor-vehicle	3,060	21
Falls	1,995	14
Fires, burns	843	6
Surg. complications	767	5
Ingestion of food object	447	3
Other	1,894	13
Pneumonia	8,335	57
Cirrhosis of liver	6,208	43
75 Years and Over	**797,318**	**8,941**
Heart disease	366,141	4,106
Stroke	116,753	1,309
Cancer	116,675	1,308
Pneumonia	30,487	342
Arteriosclerosis	23,683	266
Accidents	15,175	170
Falls	7,762	87
Motor-vehicle	2,713	30
Surg. complications	1,030	12
Fires, burns	1,023	11
Ingestion of food, object	723	8
Other	1,924	22
Diabetes mellitus	13,993	157
Emphysema	6,190	69

[1] Based on data from National Safety Council, 1978.
[2] Rate of death per 100,000 persons.

Factors Leading To Home Accidents



*Reprinted with permission from: The Department of Health, Education, and Welfare, U.S. Public Health Services.

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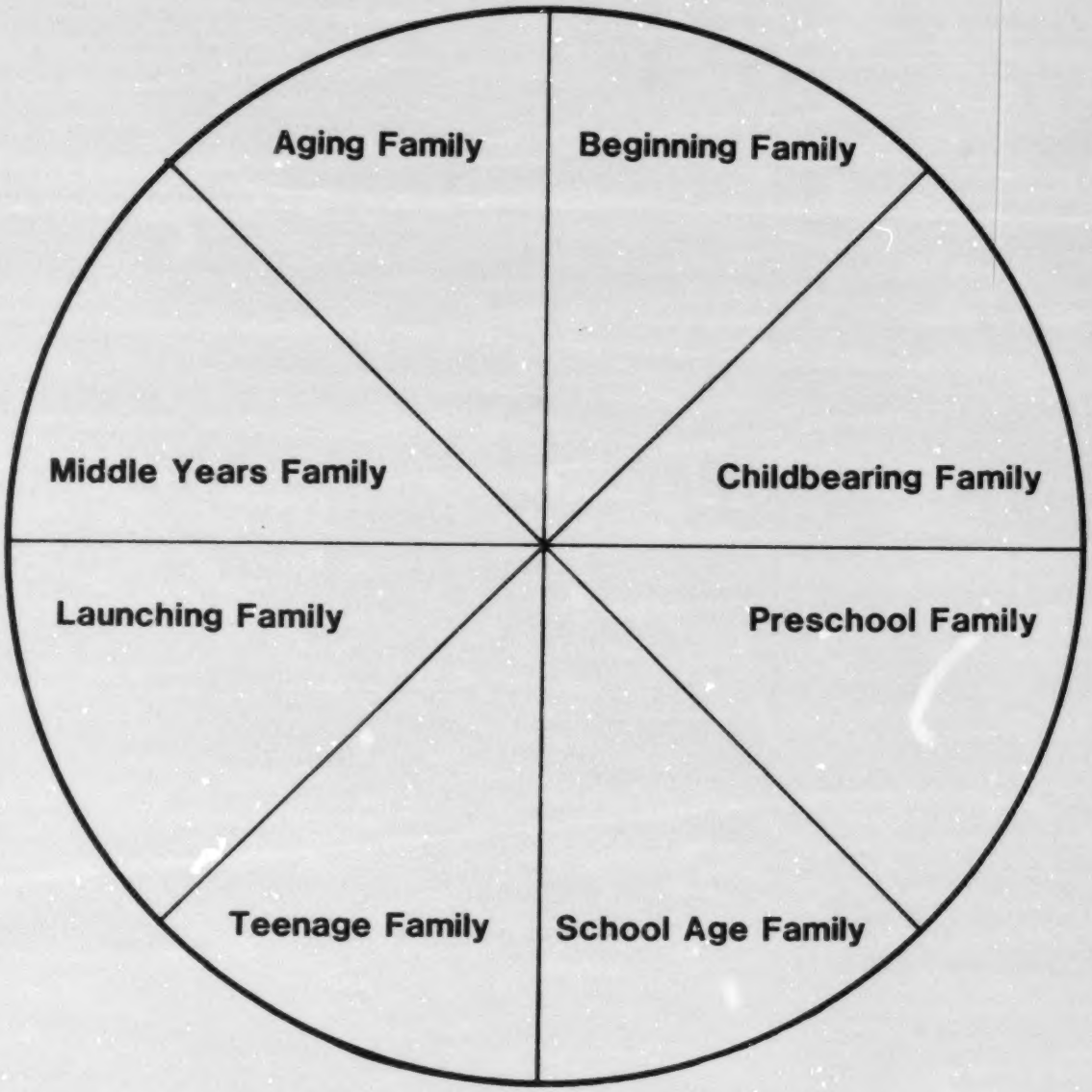
The Family Life Cycle



The Physical Environment of the Sick Room

Cleanliness

Keep room and bedside tables free of clutter and soiled articles .

Humidity

Keep humidity at normal range 40-50%.

Light

Check that lights and glare from lights do not disturb ill person.

Noise

Monitor voices,radios,televisions,and other equipment that may disturb the who is ill.

Odors

Disguise any room odors with adeodorizer.

Temperature

Keep thermostats or regulators at a constant comfortable temperature of 68-72% F. Unless the person who is ill has problems that call for a cooler or warmer temperature.

Preparation of Cultures

SUPPLIES NEEDED:
- dried agar
- beef broth
- petri dishes or small jars or glass dishes
- plastic wrap
- cotton
- pressure cooker or autoclave
- test tubes
- cotton swabs

CULTURE RECIPE:
2 grams dried agar to every 100 ml. of beef broth
Boil the broth to dissolve the agar.

DIRECTIONS: Sterlize the culture media and all equipment. Use a pressure cooker if an autoclave is not avialable. The pressure cooker should be set at 15 pounds pressure for 15 to 20 minutes. Plastic wrap does not need to be sterilized.

After sterilization, pour agar mixture into petri dishes, small jars, or glass dishes to a depth of approximately 1/4 inch. Cover with plastic wrap or top of petri dish and refrigerate.

Test tubes should be filled with approximately one inch of agar and refrigerated at a slant until the agar has gelled. The slanting will result in more surface area in the test tube. Test tubes can be secured at most biological supply houses, hospital laboratories, or local drug stores.

Contaminate test tube samples of the culture media from areas of or items in the kitchen (can opener, toothpick, sink, garbage can, tea towels, silverware, dishes, faucet, refrigerator, chopping block, rubber scraper, mop, etc.) Also take hair samples and samples from under fingernails. Contaminate the test tube samples in one of the following ways, as appropriate: exposure to the air in a kitchen or any room for a given period of time; pressing soiled fingers on the surface and then into the media; pressing "washed" fingers onto the surface and then into the media; or by wiping various surfaces with sterile cotton swabs and streaking the swab across the surface of the media. Cover each contaminated sample and allow it to sit at room temperature for several days. Be sure to label media by type of contamination. Include one uncontaminated sample in the group. Observe which types of contamination produce the most bacterial growth.

Consumer Product Safety: Fact Sheet

Each year an estimated 20 million Americans are injured by products used in and around the home; 110,000 are permanently disabled; and 30,000 are killed. The economic and social cost to the Nation has been projected at $5.5 billion.

Congress recognized the urgent need for federal regulations to insure safe consumer products when it passed the Consumer Product Safety Act. The Act was hailed as a landmark in consumer legislation and was signed into law by the President on October 27, 1972.

Purposes. As stated in the law, the purposes of the Consumer Product Safety Act are:

- To protect the public against unreasonable risks of injury associated with consumer products
- To assist consumers to evaluate the comparative safety of consumer products
- To develop uniform safety standards for consumer products and to minimize conflicting state and local regulations
- To promote research and investigation in causes and prevention of product-related deaths, illnesses and injuries.

Consumer Product Safety Commission. To fulfill these purposes, the Consumer Product Safety Act created a new independent federal regulatory agency, the Consumer Product Safety Commission. The Commission's primary goal is to substantially reduce injuries associated with consumer products. The Commission was granted broad authority to issue and enforce safety standards over more than 10,000 consumer products–from toasters, to cribs, to lawn mowers. The administration of four acts previously handled by other agencies also was transferred to the Commission–the Flammable Fabrics Act, the Federal Hazardous Substances Act, the Poison Prevention Packaging Act, and the Refrigerator Door Safety Act. Firearms, food, drugs, cosmetics, medical devices, economic poisons (pesticides), motor vehicles, airplanes, and boats are exempted from the Commission's authority.

Source: Consumer Product Safety Commission, Washington, D.C. 20207

Parenting Behaviors

DIRECTIONS: Write your answers to the questions in the spaces provided.

1. Describe a person you know whom you feel is a successful parent. Include the person's relationship with a child, and the communication and parenting skills you have noticed.

2. What parenting behaviors do you feel are most important for a positive parent-child relationship?

3. What parent behaviors do you believe would produce a negative impact on the parent-child relationship?

4. Describe your concept of positive parenthood. If you were a parent, what would be your ideal of a positive parent?

5. Describe you concept of negative parenthood. What type of behaviors would you not want to manifest as a parent?

CHILDREN: For All The Wrong Reasons

- Babies are so cute.
- My parents want grand-children.
- We have the money.
- All our friends have children.

- A baby will help us stay together.
- I feel stronger around children.
- Why not?
- We'll always feel young.

Cost Of Having A Baby

DIRECTIONS: Fill in information using the cost of services and items in your community. Write your cost figures in the spaces provided. Use the extra spaces for additional costs you my discover.

MEDICAL CARE

- Obstetrician _____
- Pediatrician _____
- Hospital Room _____
- Nursery _____
- Delivery Room Charges _____
- _____
- _____

REDUCED FAMILY INCOME

- Infant Care (per month) _____
- Possible Change in Income (per month) _____
- _____

PREPARATION FOR BABY

- Furniture _____
- Linens _____
- Bathing Needs _____
- Feeding Needs _____
- Baby's Clothing _____
- Equipment _____
- _____
- _____

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Housing Needs for Children

Rooms With:	• good ventilation • windows with morning sun • curtains • floor covering • closet
Furniture:	• crib (up to 3 years) • bed (after 3 years) • chest with drawers • table and chairs • shelves and other storage areas
Area For:	• sleeping • bathing and changing • eating • play and interaction with people

How Does an Infant Change One's Lifestyle?

1. What key changes would take place in your lifestyle if you had a baby right now? _____

2. How could an infant change the routine of a couple

   • if both parents are working outside the home? _____

   • if one parent is working outside the home? _____

3. What special problems does an infant impose on a single parent?

Apgar Newborn Scoring System

Sign	Score 0	1	2
Heart Rate	Not detectable	Below 100	Above 100
Respiratory Effort	Absent	Slow, irregular	Good, crying
Muscle Tone	Flaccid, limp	Some flexion of extremities	Active motion
Reflex Irritability[a]	No response	Grimace	Couch, sneeze
Color[b]	Blue, pale	Extremities blue body pink	Completely pink

[a] When stimulating by suction in nose.

[b] If the natural skin color of the child is dark other test for color are applied.

Adpated from Apgar, V. Proposal for a new method of evaluating the newborn infant. Anesthesia and Analgesia, 1953, 32, 260-267.

Nutrients During Pregnancy

Increase nutrients during pregnancy in the following amounts:

PROTEIN	BY	65%
VITAMIN A	BY	25%
B VITAMINS		
FOLACIN	BY	100%*
B 6	BY	50%
VITAMIN C	BY	33%
VITAMIN D	BY	100%*
VITAMIN E	BY	25%
CALCIUM	BY	50%
IRON	BY	SUPPLEMENT*
PHOSPHORUS	BY	50%
MAGNESIUM	BY	50%
ZINC	BY	50%
WATER & JUICES	6-8 GLASSES PER DAY**	

*Supplements may be required, but should only be used if prescribed by a physician. Some nutrients can be toxic in large doses and can cause birth defects.

**In addition to milk. Avoid soft drinks because of empty calories and excessive amounts of caffeine in tea, coffee, and cola drinks.

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Bathing Baby

1. Wipe eyes.

2. Support head, back,and buttocks.

3. Support the head and shoulders while washing.

4. Support while washing in any position.

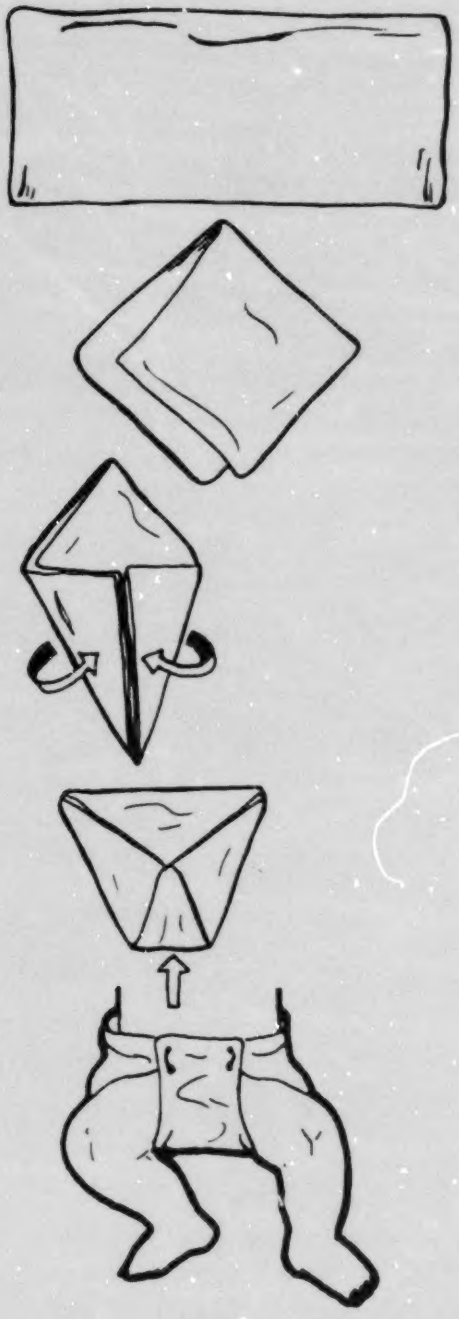
5. Lift baby out of tub.

6. Use bathseat if the baby is active. Provide toys.

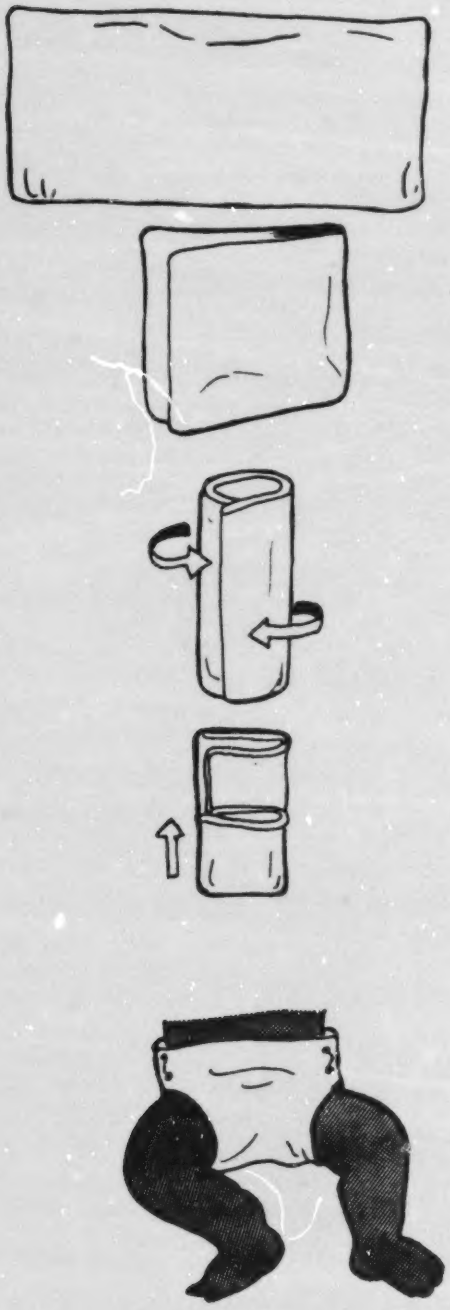
7. Use football hold while shampooing.

Diapering

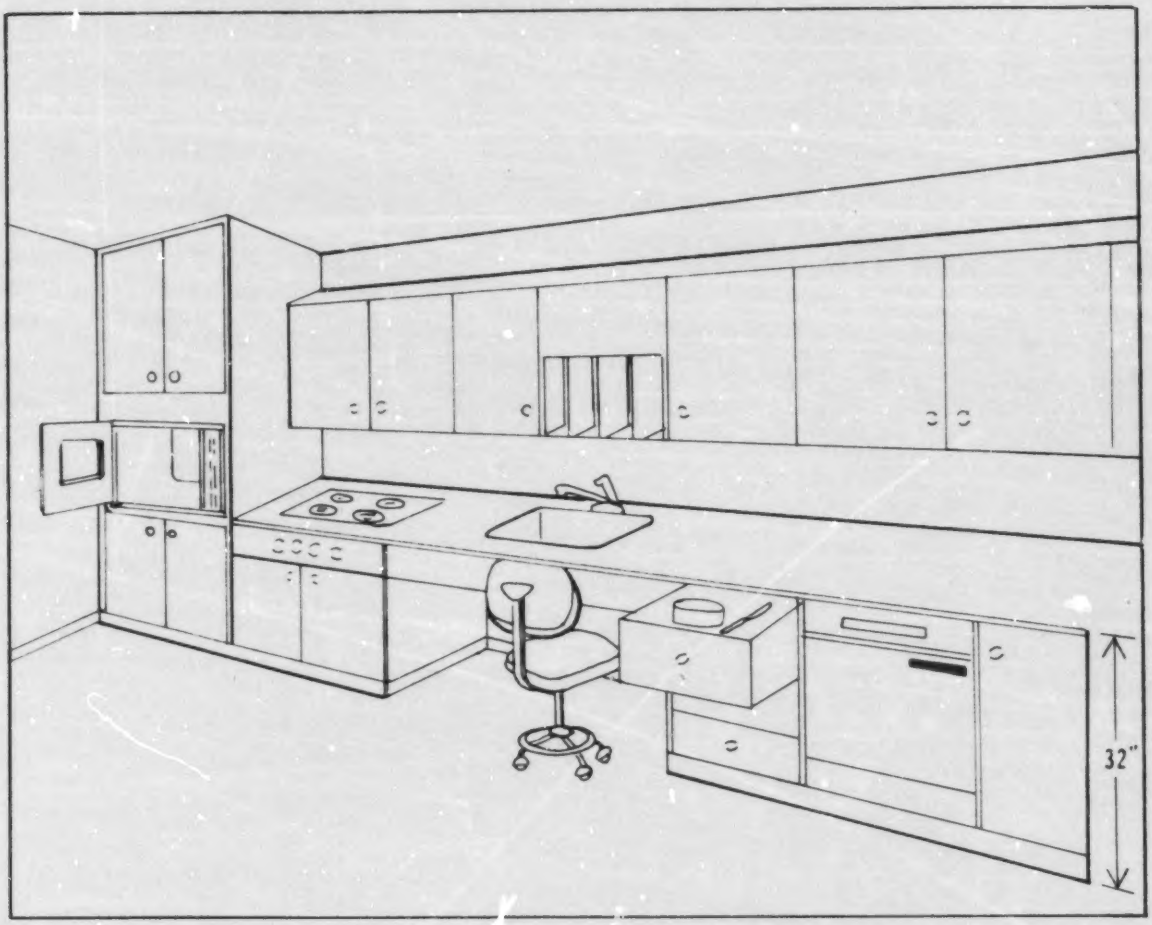
Triangle Fold



Square Fold



Kitchen Safety for the Elderly



DIRECTIONS: Identify the safety features for the elderly which are shown in the illustration.

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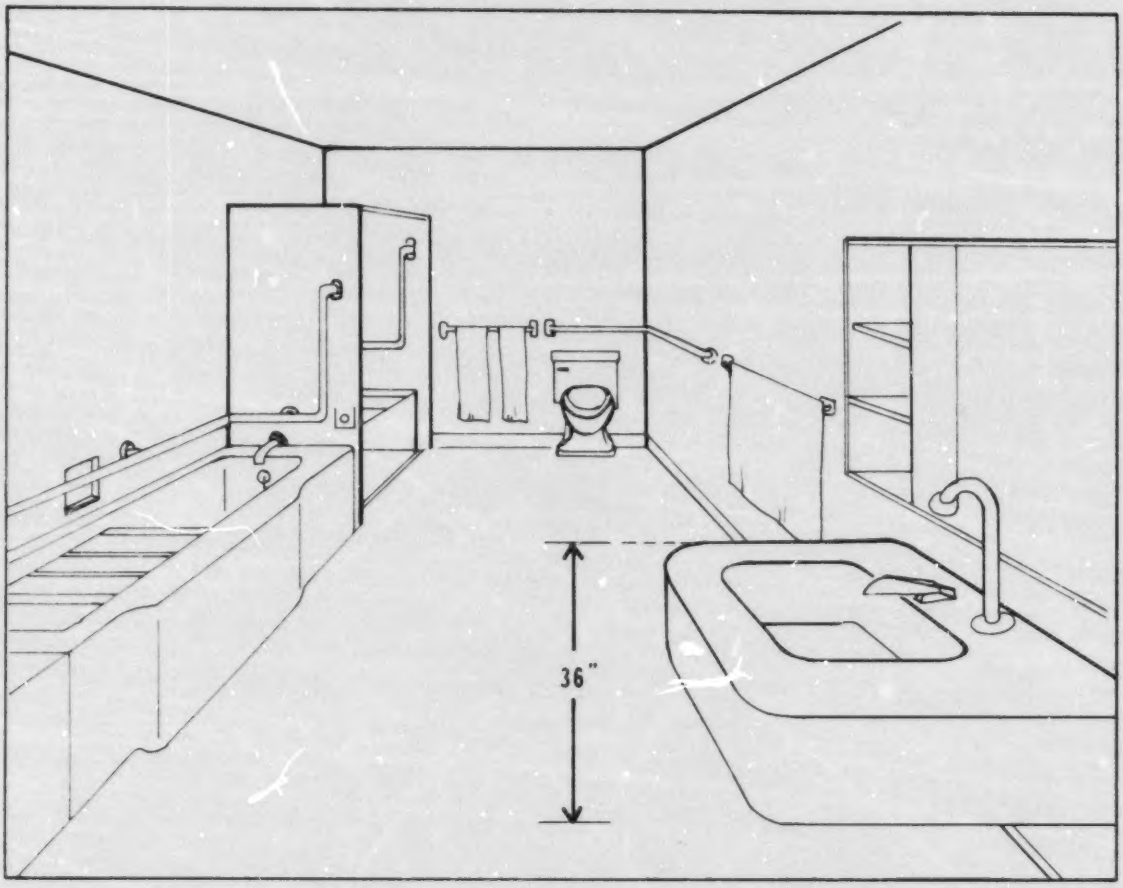
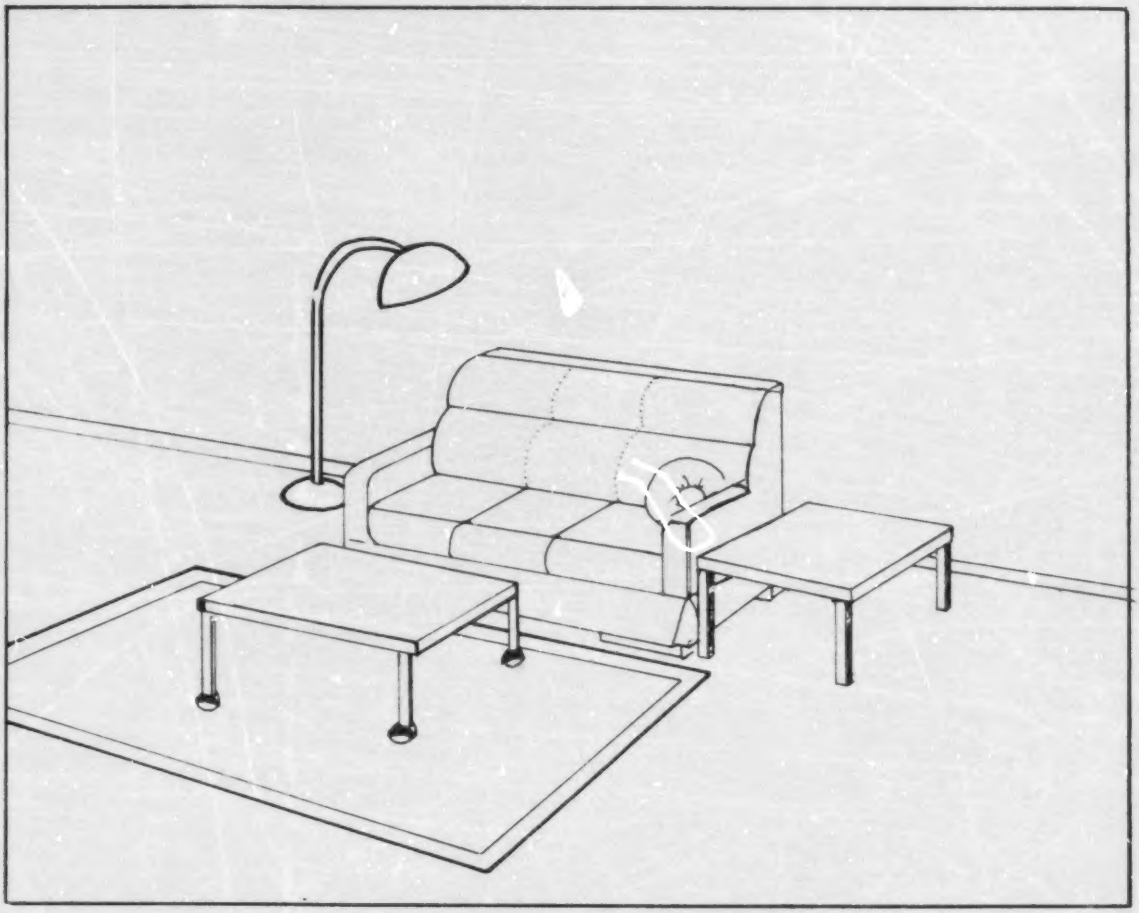
Bathroom Safety for the Elderly



DIRECTIONS: Identify the safety features for the elderly which are shown in the illustration.

Living Room Safety for the Elderly



DIRECTIONS: Identify the safety features for the elderly which are shown in the illustration.

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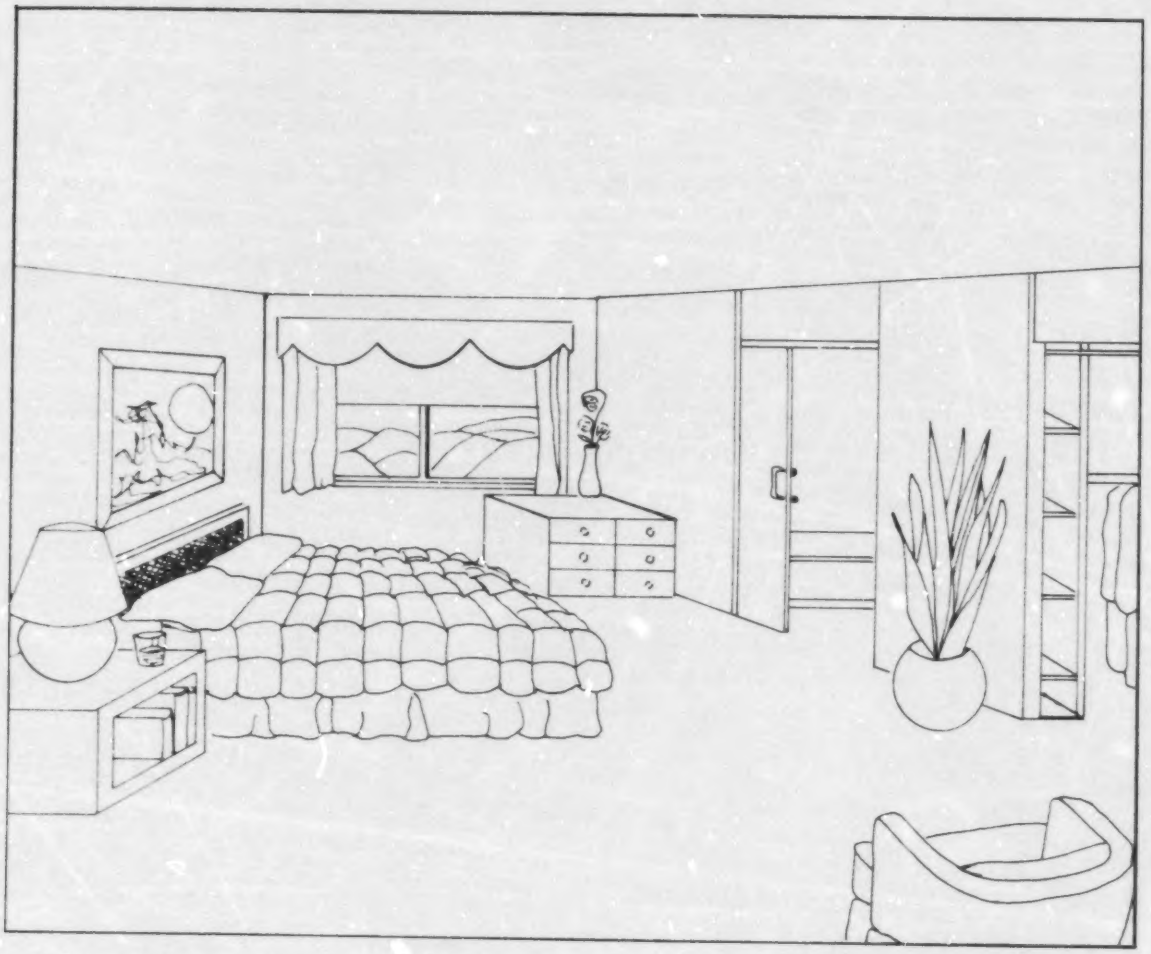
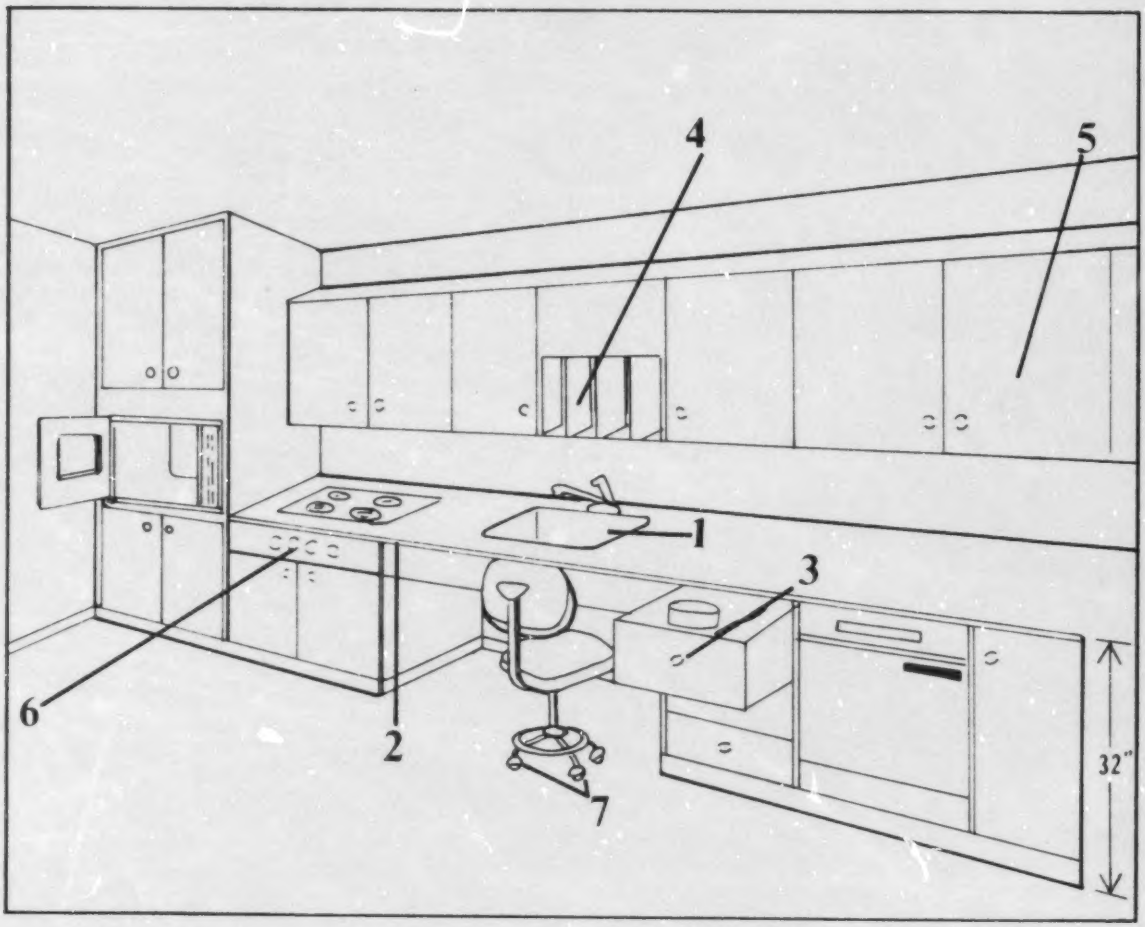
Bedroom Safety for the Elderly



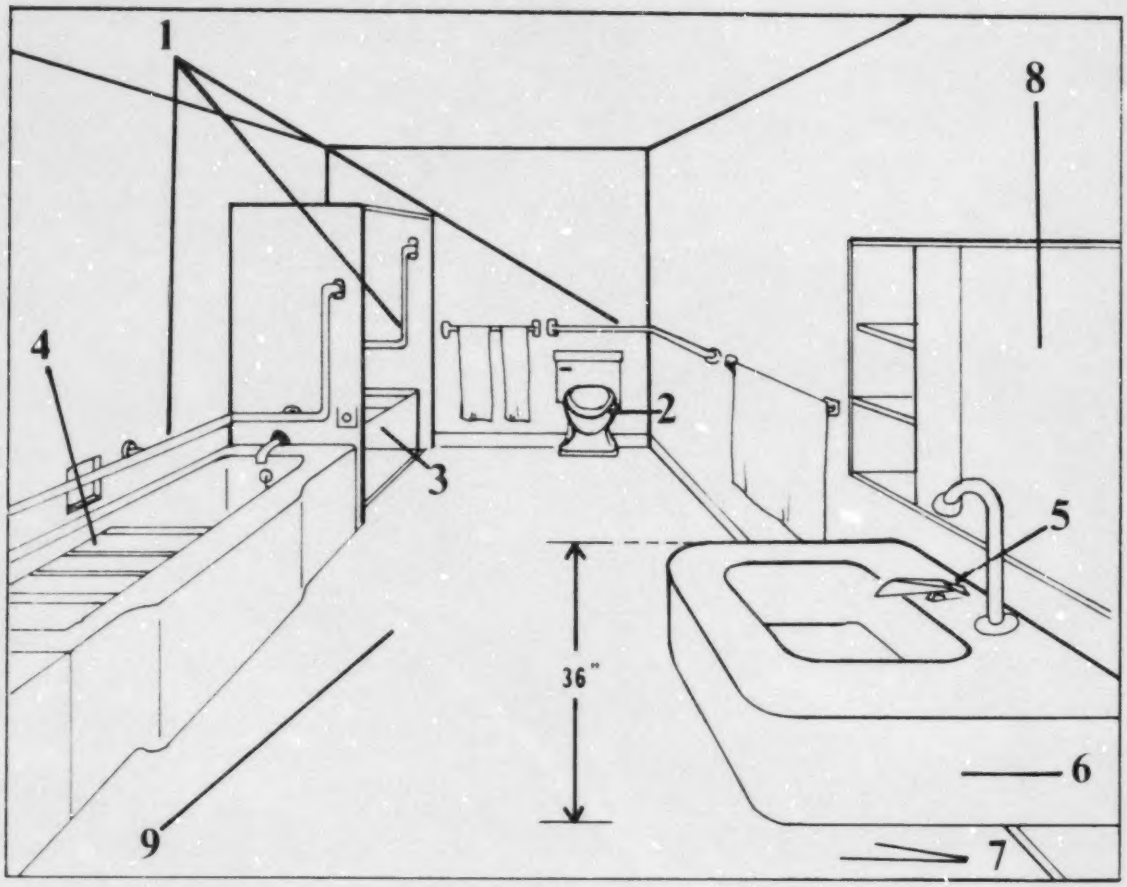
DIRECTIONS: Identify the safety features for the elderly which are shown in the illustration.

Kitchen Safety for the Elderly



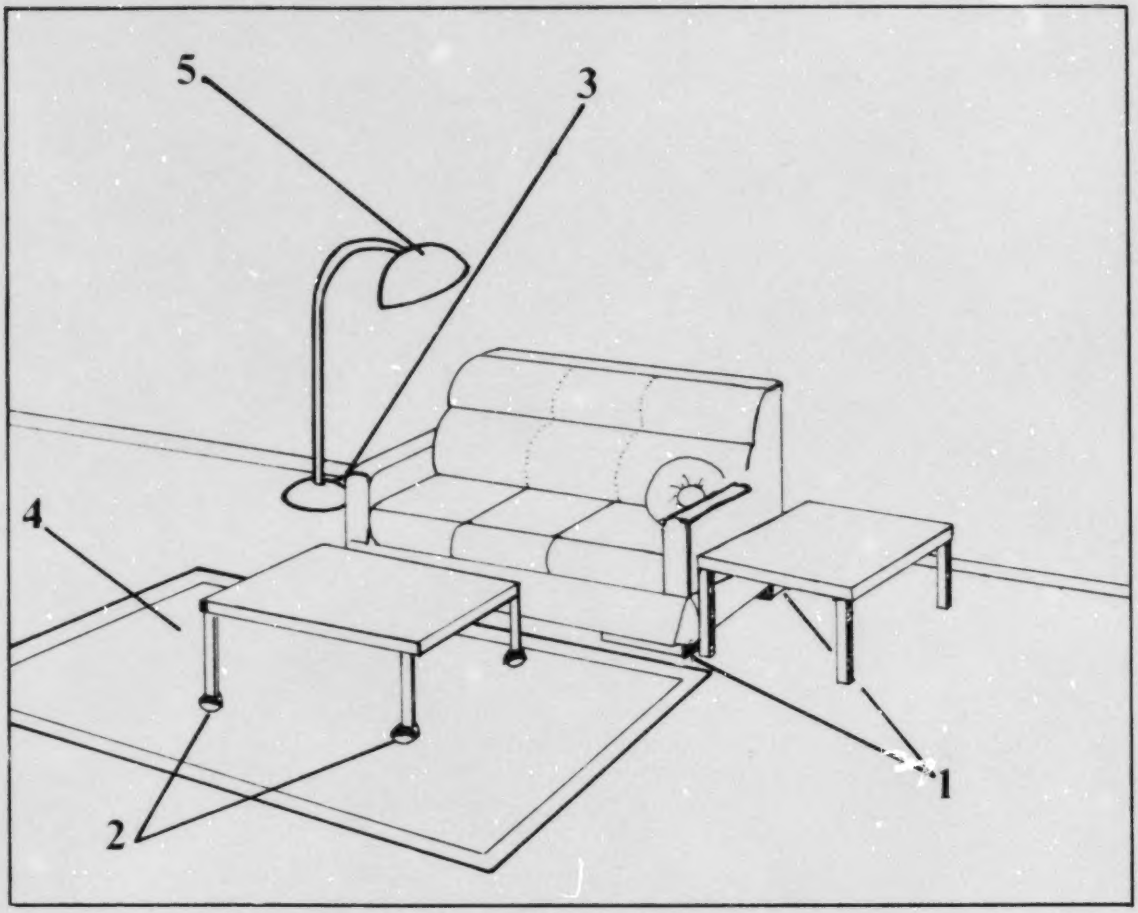
1. Shallow sink.
2. 32 inch high counter.
3. Drawers within easy reach from chair.
4. Racks above sink for shallow pans.
5. Low wall cabinets.
6. Controls at front of stove.
7. Chair on wheels or access for wheelchair.

Bathroom Safety for the Elderly



1. Grab bars fastened to tub, commode, and shower stall.
2. Raised commode seat.
3. Seat/bench in shower stall.
4. Seat/bench in bathtub.
5. Lever type faucets
6. Sink 36 inches from the floor.
7. Wall-to-wall synthetic fiber carpet with non-slip backing.
8. Mirrored medicine cabinet over sink with sliding door.
9. Access for wheelchair.

Living Room Safety for the Elderly



1. Sofa raised to height of 20 inches on wooden blocks (hidden).
2. Coffee table on wheels or casters.
3. Electrical cords out of walkways.
4. Non-slip rug.
5. Proper lighting.

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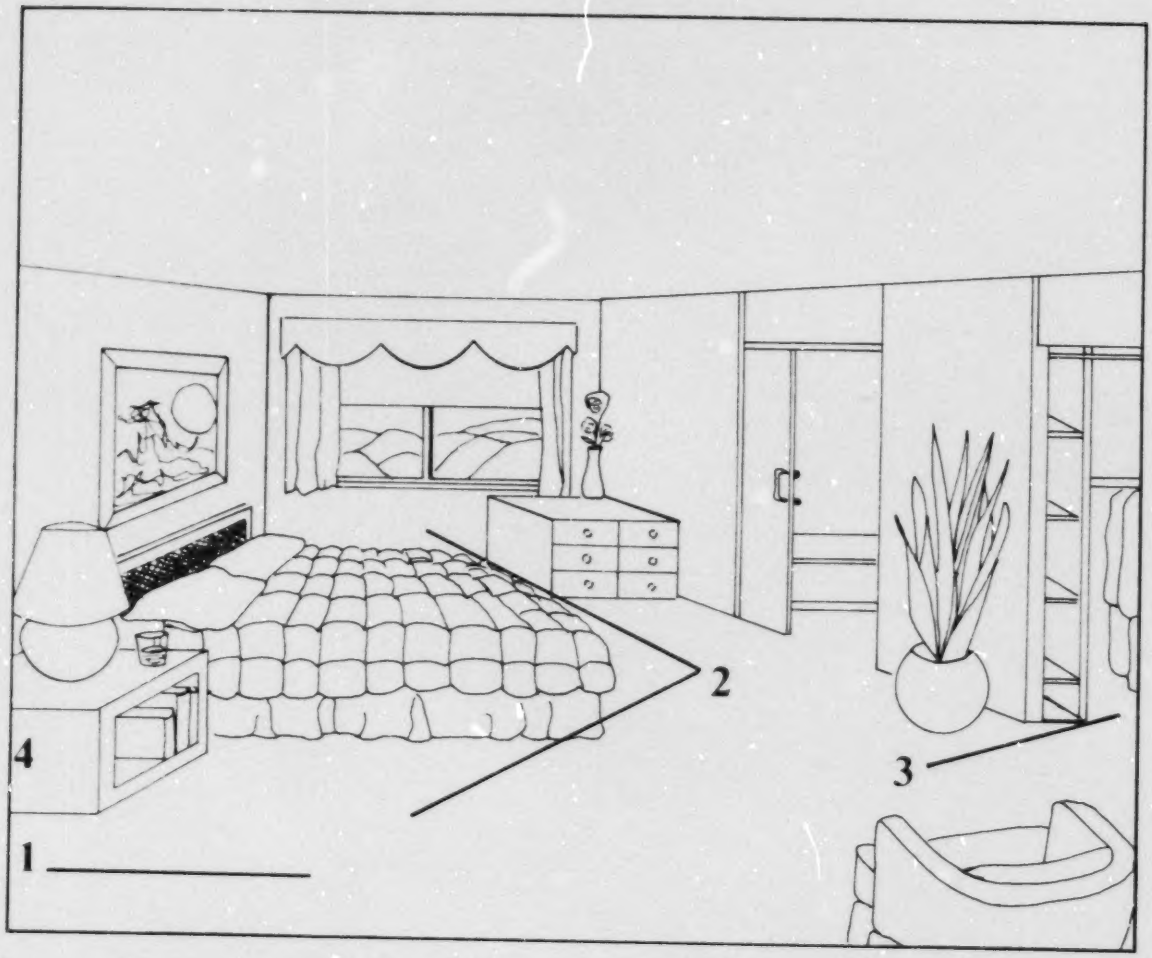
Bedroom Safety for the Elderly



1. Space for wheelchair mobility.
2. Minimum clearance of 18 inches on both sides of bed (36 inches between twin beds; 48 inches if occupant uses wheelchair).
3. Closet accessible by wheelchair.
4. Table at bedside for liquids, medicine, tissues, books, magazines, etc.
5. Nightlight or flashlight conveniently located near bed.

Clothing Needs and Adaptations

DIRECTIONS: Match the *need* for clothing adaptations to the appropriate *type* of clothing adaptation. Place the letter of the need in the blank to the left of the type. Letters may be used more than once.

TYPE OF CLOTHING ADAPTATIONS

_____ 1. Velcro to replace buttons and buttonholes

_____ 2. Large metal hooks and bars on waistbands

_____ 3 Belts, ties, and sashes kept at short length

_____ 4. Zippers with large pulls

_____ 5. Pullover styles eliminated

_____ 6. Nonflammable fabrics

_____ 7. Large buttons

_____ 8. Semi-fitted long sleeves

_____ 9. Knit fabrics and stretch woven fabrics

_____10. Buttons sewn on with long thread or elastic shanks

_____11. Raglan sleeves

_____12. Front rather than back closures

NEED FOR CLOTHING ADAPTATIONS

a. Decreased physical strength

b. Limited reach and range of motion

c. Loss of finger dexterity

d. Partial paralysis

e. Safety

Signs of Illness

Bleeding

Vomiting

Rapid Pulse Rate (you can feel this change)

Bowel Changes

Breathlessness

Convulsions

Cough

Diarrhea

Muscle Spasms or Cramps

Paralysis

Rashes

Running Ears and Nose

Trembling

Non-healing Sores

General Diet Pretest

DIRECTIONS: Answer the questions below in the spaces provided.

1. Name the five food groups.

2. Carbohydrates, fats, and proteins provide _____ .

3. Vitamins and minerals help to regulate _____ processes.

4. Protein and minerals _____ and _____ tissues.

5. What functions does water assist with in the body?

6. _____ is a source of roughage found in whole grain foods.

7. Calcium builds strong bones and _____ .

8. Name a good source of calcium.

9. Iron can be found in _____ . (Name a few foods.)

10. Why is it important to eat a variety of foods?

11. Name some foods that are classified as carbohydrates.

12. Identify some foods that are rich in protein.

13. List sources of fats (foods that contain high fat content).

14. Are foods the only means of obtaining Vitamin D? If not, what are some other means?

Answers for Pretest

1. Meat group
   Fruit and vegetable group
   Milk and cheese group
   Bread and cereal group
   Fats, sweets, and alcohol group

2. Energy

3. Body

4. Build; repair

5. Carries nutrients to body cells, regulates body temperatures, eliminates body wastes

6. Fiber

7. Teeth

8. Milk, cheese

9. Raisins, meats, cod fish, liver

10. To insure that all needed vitamins and minerals are obtained in the diet. Eating routine diets of food could possibly exclude needed nutrients.

11. Potatoes, cereals, macaroni and spaghetti, bread and crackers, cornstarch, tapioca, corn, honey, jams and jellies

12. Almonds, peanuts, peanut butter, lean meat, poultry, eggs, milk, cheese, peas, dry beans

13. Meats such as bacon and salt pork, egg yolk, whole milk and cheese, cream, butter, shortening, olive oil, chocolate, avocados, coconuts, and nuts.

14. No; sunlight and vitamins

Recreational Activities for the Sick

DIRECTIONS: Match appropriate activities with the person's illness or physical situation by writing the letter(s) of the appropriate activity(ies) in the blank by each illness or physical situation.

A. Television

B. Radio

C. Books

D. Puzzles and games

E. Passive hobbies such as stamp collecting, needlepoint, and painting

F. Active hobbies such as photography

1. _____ A cancer patient confined to bed
2. _____ A person paralyzed from the waist down
3. _____ A child with the measles
4. _____ A patient recovering from open heart surgery
5. _____ A patient recovering from a tonsillectomy
6. _____ A person with a broken leg
7. _____ A person recovering from a stroke
8. _____ A person recovering from a nervous breakdown
9. _____ A child with strep throat
10. _____ A person recovering from eye surgery

Transferring Patient:
Moving Patient Between Bed and Chair

STEPS IN HELPING THE PATIENT TO SIT FROM A LYING POSITION

1. Wash your hands.
2. Tell the patient what you will do.
3. Roll the patient on his/her side, facing you.
4. Bend the patient's knees and place one of your arms in back of the patent's knees and hold the patient in this position.
5. Place your other arm under the patient's neck and shoulder area.
6. Position your feet apart for support and lean your body toward the patient.
7. Shift your weight to your back leg while you swing the patient's legs over the edge of the bed and pull the patient's shoulders up to a sitting position.

NOTE: If using a hospital type bed, you can raise the head of the bed up to assist the patient sitting up. Follow procedure from that position. Pivot patient to sitting-up position on the side of bed by using one of your arm's behind the patient's knee and your other arm under the patient's shoulders and arm.

STEPS IN HELPING THE PATIENT TO STAND

1. Help only when necessary.
2. Tell the patient to move to the edge of the bed. Put your hands on the bed at each side of the patient.
3. Place one of your knees between the patient's knees. (Your feet should be in good position and close to the bed.)
4. Bend your knees and lean onto your forward foot to place your arm (the arm on the same side of the forward foot) around the patient's waist.
5. Place your other hand around other side of patient's waist.
6. Tell the patient to push down with his/her arms, then lean forward and stand up on the count of three.
7. Count to three.
8. Hold the patient closely.
9. Rock your weight to your back foot as the patient pushes, leans forward, and stands.

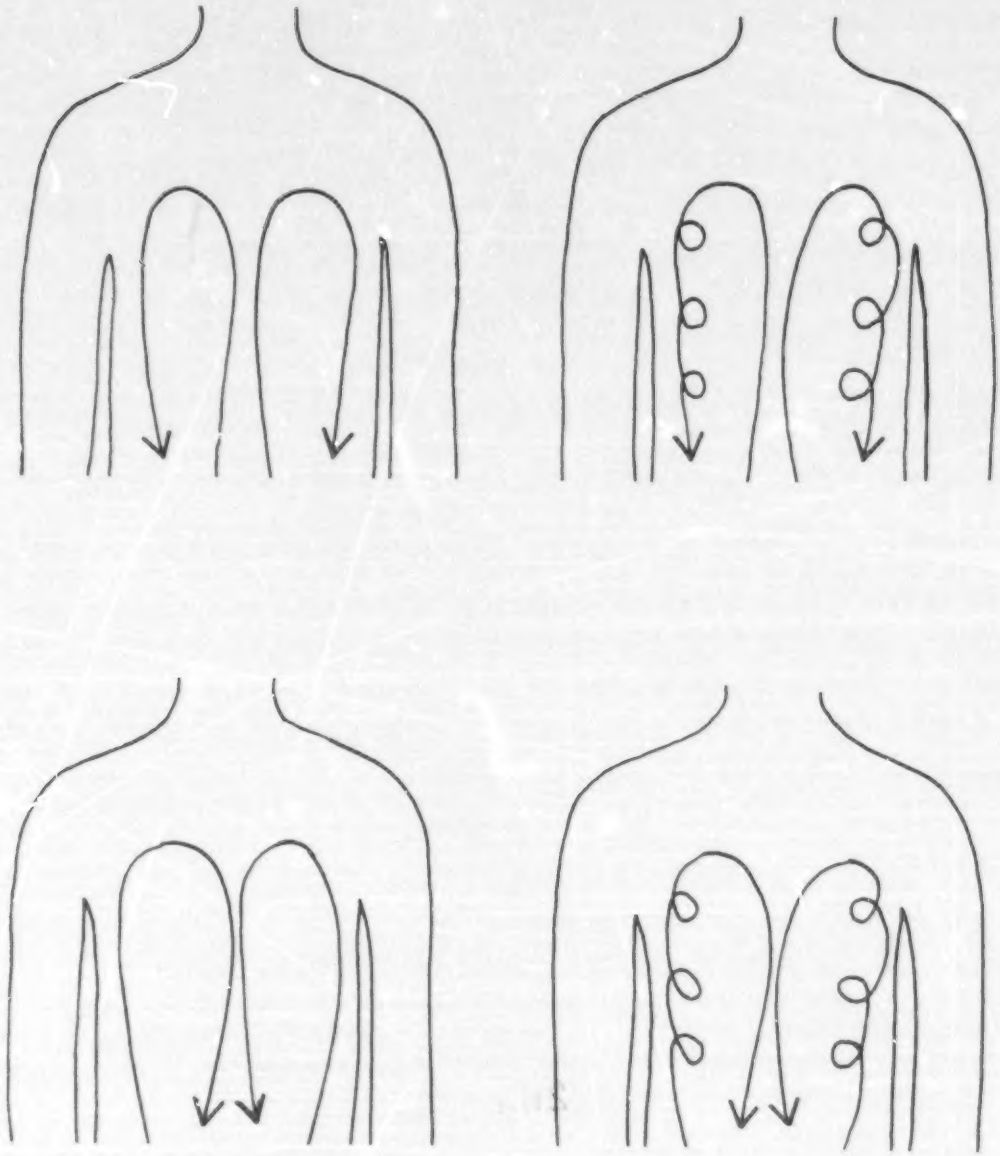
10. Chair should be close by the bed to pivot the patient. Then follow the sit-down procedure below.

STEPS IN HELPING THE PATIENT TO SIT FROM A STANDING POSITION

1. Position your arms around the patient's waist, your knees between the patient's knees.
2. Have the patient feel the chair with the back of his/her legs.
3. Have patient reach back for the arms of the chair.
4. Lean forward onto your front leg as the patient sits down.

Techniques for A Back Rub

Equipment: lotion
Move hands in the direction of the arrows.



Guidelines To Help Prevent Bedsores

TO PREVENT BEDSORES:

- Turn the patient every two hours.
- Prevent sheet burns by turning the patient slowly.
- Be careful using bedpans. Padding the bedpans can reduce pressure; sprinkling the rim with powder will minimize friction.
- Keep the patient clean and dry.
- If signs of a bedsore are developing (warm areas of skin, redness, tenderness, discomfort, or a burning feeling on the skin), gently rub the area with skin lotion every two hours. (Be careful. Too much rubbing could cause skin breakage.)
- Use powder or cornstarch where skin surfaces form creases. Use cornstarch on the sheets to reduce friction as the patient moves. (Be sure to clean sheets often.)
- Keep linen dry and free of wrinkles.
- Remove any hard objects from the bed immediately including crumbs, hair pins, and other small objects.
- Change bed immediately when it becomes wet.
- Be sure plastic never touches the patient's skin.
- Use special equipment such as air cushions, sponge rubber cushions, sheepskins, pillows, pads, air mattresses, alternating pressure mattresses, and flotation pads to reduce skin pressure.

Five Stages of Grief

STAGES	PURPOSE	CHARACTERISTICS
1. Denial and isolation	Functions as a cushion to the blow of the news. Functions as a time delay so the patient has time to think about his/her situation and time to substitute other less extreme behaviors or defenses.	Temporary shock. Says "I'm not going to die" and "This is not true." Often wants to be alone; does not want anyone to help him or her do anything.
2. Anger	Right to question the outcome of the patient's own life. Functions as an emotional outburst to cope with the emotional stress. A venting of tension that works similar to a child's temper tantrum or other person's strenuous exercise to vent feelings and to alleviate stress.	Rage, hostility, mad at everyone. Anger thrown on anyone haphazardly. Says "Why me? What have I done." "I don't deserve this any more than anyone else."
3. Bargaining	Agreement in hopes that the inevitable end may be delayed. Helps to give the patient hope and will power. Usually a bargain made with a higher being.	The bargain is kept a secret; it is mentioned only between the lines in conversation. The bargain might be mentioned only to a chaplain. Swaps a "I'll do this if you'll let me live." "I'll donate my time to a community service and for the good of mankind if you will let me live a little longer."
4. Depression	To cope with the losses the person has had to deal with or will have to deal with. Elicits needed sympathy. Another step in the direction of total acceptance.	Talks about loss of job, finances, use of limbs or other physical functions, and weight. Talks about the eventual loss of family, friends, and belongings. Begins to accept the unavoidable death.
5. Acceptance	To accept the death as real. Resolve conflict between wanting to live and knowing death is at hand. Preparation stage for death. Other stages have been resolved if the patient has had enough time and has been given help in working through them.	Usually tired, weak. Void of feelings, circle of interest narrows. No longer talkative to visitors and other people. Not necessarily happy, but at peace.

Analyze A Home Health Emergency

1. LOOK OVER THE SITUATION.

   a. Is the emergency or injury minor or major?

   b. Does the emergency or injury require immediate medical attention?

   c. Can the situation be remedied with first aid at home?

2. CHECK THE PATIENT.

   a. Determine the extent of the injury, if possible.

   b. If the patient is conscious, ask the patient to describe any pain or injury that may not be visible.

3. MAKE THE PATIENT COMFORTABLE.

   a. If the patient is seriously hurt try not to move the patient until medical assistance arrives.

   b. If needed, gather blankets to cover the patient.

   c. Try to keep the patient as calm as possible.

4. GIVE THE NECESSARY FIRST AID TREATMENT.

   a. Give first aid if the person does not require professional medical attention.

   b. Give first aid if the patient needs help before medical help arrives.

5. CALL FOR MEDICAL ASSISTANCE.

   a. If necessary, phone the ambulance, paramedics, or fire department.

   b. If assistance is not needed at the scene of the emergency but the patient requires medical attention, take the patient to the hospital emergency room or the nearest urgent care center.

Home Health Emergencies

DIRECTIONS: Analyze each situation below and determine the best emergency action to take. Write your answers in the spaces provided.

1. A child swallows one half of a bottle of bleach.

2. A person's hand is burned by hot grease from a frying pan.

3. A two-year old child falls into the backyard swimming pool and begins to drown.

4. A person has a heart attack.

5. A person chokes on a piece of meat while eating dinner.

6. A person is knocked unconscious from a fall down the stairs.

7. A person slips on an icy sidewalk and breaks an arm.

8. A child is bitten by a neighbor's dog.

9. A teenager is sunbathing and suffers sunstroke.

10. An epileptic person goes into convulsions while visiting a friend's home.

11. A person is chopping firewood alone and cuts a finger with the axe.

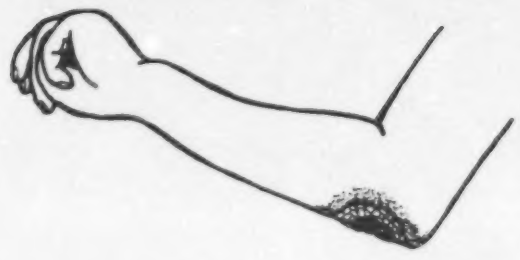
12. A child has a nosebleed.

13. A person faints.

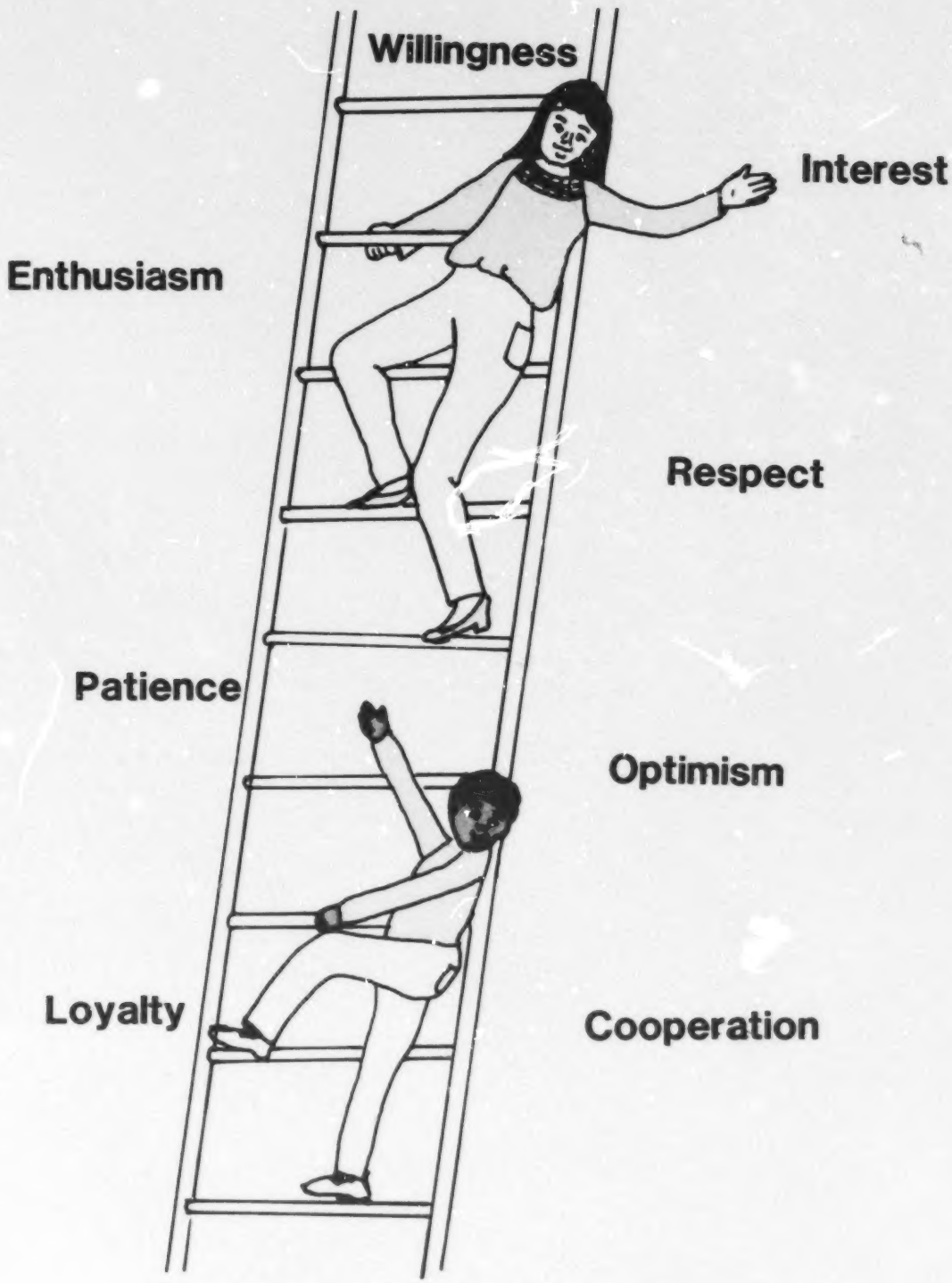
14. A person is hit in the eye with a softball.

15. A person has damp feet and reaches down to unplug the electric weed eater and gets an electric shock.

Burns

DEGREE OF BURN	CHARACTERISTICS	BASIC FIRST AID
FIRST DEGREE	Reddening of skin from sunburn or steam from boiling water; will usually heal with little assistance and without a scar	Place the burned area in cold water (70°F or colder); leave until the burned area can be removed without feeling pain.
SECOND DEGREE	Formation of blisters; usually heals without a scar	Cleanse area surrounding the burn by washing carefully to avoid breaking blister. Cover burn with sterile dressing if the burn is in an area where it is subject to rupture. Cold water treatment is also effective until medical help can be obtained.
THIRD DEGREE 	Complete destruction of outer skin tisses as well as damage to bones, tendons, muscles, and underlying tissues	Protect against infection by covering burned area with a dry burn dressing such as clean sheet or tablecloth (unfolded with the inner, unexposed part placed over burn), aluminum foil or a cello-wrap. Keep patient from chilling. Get medical help.

Attitudes for Success



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S State adopted textbook
G Grade level readability
l.p. List price
s.p. school price
SBF Sex bias free

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Forecast. New York: Scholastic, Inc. ($16.50 per school year for 9 copies. Published monthly—September through June, bimonthly—November/December. Information, concerns and solutions, human development, teaching techniques, and ideas for teaching.)

Good Housekeeping. New York: Hearst Corporation. ($12.97 annual rate. Published monthly. Health, food, diet and nutrition, home furnishings, beauty, needlework, fashions, home building and decoration.)

Pamphlet Sources

American Cancer Society, 777 Third Avenue, New York, NY 10017.

American Council of Life Insurance, Health Insurance Institute, Education, 277 Park Avenue, New York, NY 10017.

American Heart Association, 7320 Greenville Avenue, Dallas, TX 75231.

American Home Economics Association, 2010 Massachusetts Avenue, N.W., Washington, DC 20036.

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Local County Extension Agents.

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Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

Teaching Aid Sources

Churchill Films, 662 North Robertson Boulevard, Los Angeles, CA 90069.

Department of Health and Human Services, Washington, DC 20201.

EMC Publishing, 300 York Avenue, St. Paul, MN 55101.

The Gerontological Film Collection. Catalog available for $1.50 from Center for Studies in Aging, North Texas State University, P.O. Box 13438, Denton, TX 76203. (Films may be rented in Texas for $6.00 plus postage. Out-of-state rental fees are based on length of film rented and length of time.)

Home Economics School Service, 10,000 Culver Boulevard, Dept. 83, P.O. Box 802, Culver City, CA 90230.

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National Dairy Council, 6300 North River Road, Rosemont, IL 60018.

National Safety Council, P.O. Box 11933, 444 North Michigan Avenue, Chicago, IL 60611.

Teaching Aids Inc., P.O. Box 1789, Costa Mesa, CA 92626-0789.

Texas Department of Human Resources, P.O. Box 2960, Austin, TX 78769.

United States Public Health Service, Room 722-H Hubert Humphrey Building, 200 Independence Avenue, S.W., Washington, DC 20201.

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